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CNA Biennial
Convention
June 25 - 29
Winnipeg

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St. Boniface Basilica

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JUN 19 1956

THE CANADIAN NURSES' ASSOCIATION

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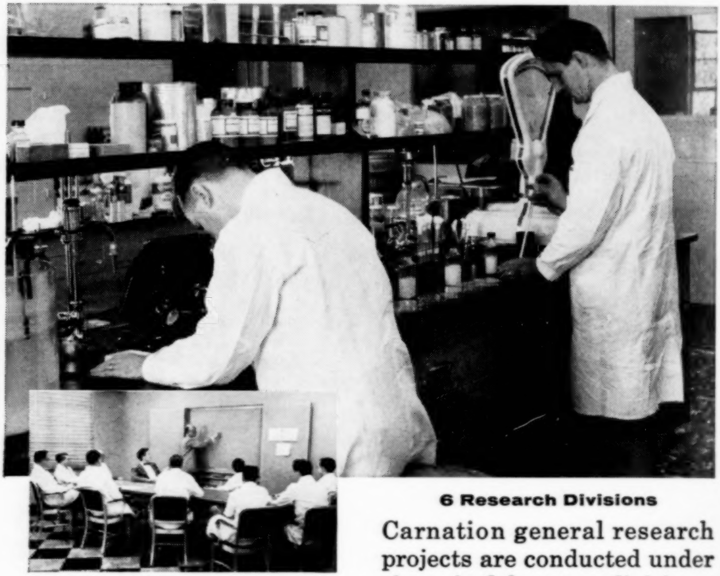

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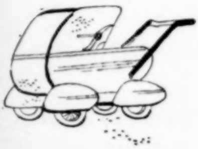

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Baby's Own
OIL

Baby's Own
POWDER

THE CANADIAN NURSE
L'Infirmière Canadienne

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE *nor of the Canadian Nurses' Association.*

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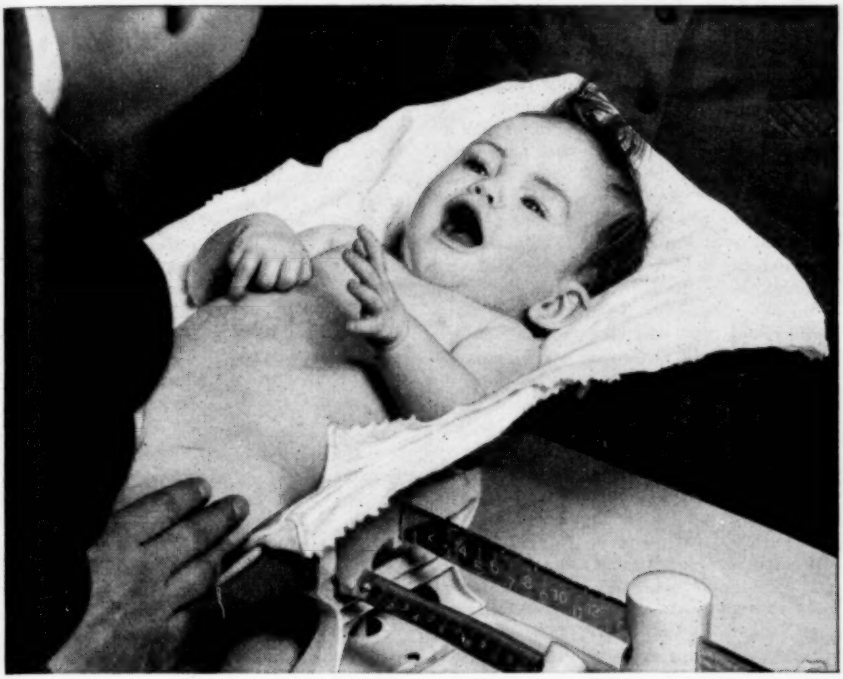

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Between Ourselves

Since Winnipeg is generally regarded as being close to the center of Canada — on an east to west basis, many of us will be travelling around two thousand miles when we set out for the CNA convention this month. That is just a routine month's driving for our guest editor, **Mary Emily Wilson,** president of the Manitoba Association of Registered Nurses. As nursing consultant in the Bureau of Public Health Nursing, Manitoba Department of Health and Public Welfare she averages nearly 25,000 miles a year in her own car as she travels her territory that stretches from the Red River and Virden Health Units in the southern section of the province to The Pas, Flin Flon and Churchill.

A graduate of St. Boniface Hospital, Miss Wilson became interested in public health nursing during the three years she served as a staff nurse in S.B.H. outpatient department. She tried visiting nursing for a year then joined the provincial health department. From 1942 to 1945, she was on loan to the Department of Indian affairs assisting in a very interesting project — vitamin research among the Indians at Norway House. During that same period the R.C.A.F. carried out an identical project with a selected group of R.C.A.F. personnel. After five years as senior nurse with the Selkirk Health Unit Miss Wilson went to Columbia University where she received her B.Sc., majoring in supervision in public health nursing.

When she is on her long jaunts about the province, Miss Wilson finds time for her creative hobbies — dressmaking, knitting, needlepoint. At home she revels in her collection of recorded music since she rarely is able to attend symphony concerts.

* * *

The developments in neurosurgery have been so extensive during the past 25 years that the nurse's need to understand her role in providing effective care has become increasingly obvious. Many are receiving experience in neurosurgical nursing, either as students or in postgraduate study. Those who do not enjoy this opportunity will welcome **Dr. H. J. Rosen's** clear description of the management of lumbar intervertebral disc lesions and the accompanying details regarding nursing care. It is interesting to note that Misses **Donalda MacTavish** and **Dorothy MacQuarrie** found a great deal more to write about the nursing care than they had first estimated there would be.

* * *

Not infrequently we come across articles in other periodicals that say so expertly things that relate to our profession that we wish we could share many of those articles with you. Sometimes we succeed in finding a Canadian author to write on the topic. Sometimes we get permission to reprint the article. Very occasionally we have the good fortune to receive authorization to make the necessary adaptations so that an article from another country can be reproduced using Canadian terminology where it is applicable.

An illustration of the latter is to be found in the inspiring presentation of professional ideals by **Ione E. Spalding.** It was published originally in *Nursing Times* for October 21, 1955. You will enjoy reading this material.

* * *

Dr. **Rae Chittick,** director of the School for Graduate Nurses, McGill University, has paid tribute to the lasting imprint the late Marion Lindeburgh has made on nursing in Canada in the description of the proposed memorial. No other form of memorial would so adequately continue the great work to which Miss Lindeburgh devoted her life.

To make the Memorial Fund a vital force in nursing education will require the donation of a large amount of money. To secure an annual interest of say $1200 would require a principal sum of between 35 and 40 thousand dollars. It is hoped that many, many nursing organizations as well as multitudes of individual donors will quickly swell this worthy fund.

People are always blaming their circumstances. I don't believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and if they can't find them, make them.

— George Bernard Shaw

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Edited by DEAN F. N. HUGHES

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Description—Each tablet contains: Acetylsalicylsalicylamide 500 mg., secobarbital sodium 16 mg.

Indications—Rheumatic conditions.

Administration—Two tablets 2 or 3 times daily

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Manufacturer—Charles R. Will & Company Limited, London, Ont.

Description—Each teaspoonful contains: Dihydrocodeinone bitartrate (dicodide) 2 mg., ammonium carbonate 130 mg., ammonium chloride 100 mg., antimony and potassium tartrate 2 mg., ipecac 16 mg., menthol 2 mg., tincture of benzoin co. 0.008 ml., chloroform 0.02 ml.

Indications—As an expectorant and sedative for bronchial infections.

Administration—One or 2 teaspoonfuls as prescribed.

DIACITRIN

Manufacturer—Charles R. Will & Company Limited, London, Ont.

Description—Each teaspoonful contains: Dihydrocodeinone bitartrate (dicodide) 2.7 mg., sodium citrate 160 mg., citric acid 32 mg., potassium guaiacol sulphonate 65 mg., menthol 0.5 mg., chloroform 0.008 ml., syrup wild cherry q.s.

Indications—An alkaline respiratory sedative for spasmodic, irritating, non-productive coughs.

Administration—One or 2 teaspoonfuls as prescribed.

DILANCA

Manufacturer—Anglo-Canadian Drug Co. Ltd., Oshawa, Ont.

Description—Pentaerythritol tetranitrate, 10 mg. tablets.

Indications—For prolonged prophylaxis of angina pectoris and other states of coronary insufficiency.

Administration—Average dose is 10 mg. (one tablet) either before or after each meal. If incomplete relief is obtained on this dosage, it is preferable to increase frequency of administration rather than the individual dose.

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Description—A water dispersible powder cotaining aluminum hydroxide and magnesium trisilicate combined with low-fat dry milk solids. Each heaping tablespoonful contains aluminum hydroxide dried gel 1 gm., magnesium trisilicate 2 gm., and dried low-fat milk solids 12.9 gm.

Indications—For peptic ulcer with major use at bedtime; for general gastric distress and simple dyspepsia; for relief of gastric hyperacidity resulting from dietary indiscretions, nervous or emotional disturbances, excessive smoking.

Administration—One heaping tablespoonful stirred in one-half glass of cool water (4 fl. ozs.).

HONVOL

Manufacturer—Frank W. Horner Limited, Montreal.

Description—Target-activated chemotherapy for prostatic carcinoma. Each 5 cc. ampoule contains 250 mg. stilbestrol diphosphate sodium.

Indications—For the treatment of prostatic carcinoma.

Administration—For intravenous injection only.

VERATRITE-R

Manufacturer—Irwin, Neisler & Co., Decatur, Ill., and Toronto, Ont. Quebec Distributors — Herdt & Charton, Inc., Montreal.

Description—Each tablet contains: Phenobarbital 1/8 gr., reserpine 0.05 mg., cryptenamine 0.3 mg. (as tannate salt), sodium nitrite 1.0 gr.

Indications—Treatment of hypertension in elderly people. It improves the circulation of vital organs and relieves headaches and dizziness. Rauwolfia, by its sedative action, gives the patient a sensation of well-being.

Administration—3 to 6 tablets daily preferably 2 hours before meals.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

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N.B.: The School of Nursing also offers, for high school graduates with University Entrance, a *Basic Professional Course* leading to the degree of B.S.N.

For further information write to the

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF BRITISH COLUMBIA,
VANCOUVER 8, BRITISH COLUMBIA.

MYCOSTATIN OINTMENT

Manufacturer—E. R. Squibb and Sons of Canada, Limited, Ville St-Laurent, Montreal.

Description—Contains 100,000 units of mycostatin, (nystatin) per gram of plastibase.

Indications—For the treatment of fungous infections of the skin when Candida albicans (monilia) is the causative organism. Effective antibiotic therapy for dermatophytosis ("athlete's foot"), perleche (infection at the corners of the mouth, usually causing cracking of the skin), intertrigo (infection of areas of the skin where chafing is apt to occur, such as between the fingers, the thighs and at the armpits), "diaper rash", and all other mycotic infections of the skin caused by monilia.

Administration—To be applied directly to monilial lesions once to several times daily. Its use should be continued until the lesions have healed.

PARENZYMOL

Manufacturer—Frank W. Horner Limited, Montreal.

Description—A sesame oil suspension of the proteolytic enzyme trypsin. Each cc. of the suspension contains 5 mg. of trypsin.

Indications—Produces rapid reduction of acute local inflammation in: phlebitis (thrombophlebitis, phlebothrombosis); ocular inflammation (iritis, iridocyclitis and chorioretinitis); traumatic wounds. Also effective in the treatment of leg ulcers.

Administration—For intramuscular use only.

RELISSEN

Manufacturer—Paul Maney Laboratories Canada Ltd., Hamilton, Ont.

Description—Each tablet contains: Salicylamide 250 mg., mephenesin 250 mg., ascorbic acid 15 mg.

Indications—As an antispasmodic-analgesic for relief of pain and spasm of skeletal muscles.

THIOSULFIL SOLUTION

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

Description—Sulfamethylthiadiazole 40 mg. per cc. (4%) in a stable, non-irritating solution.

Indications—For ophthalmic instillation in conjunctivitis and other superficial eye infections due to susceptible organisms. For nasal instillation in infections due to susceptible organisms. In both instances, for prophylaxis before and after surgery.

Administration—Ophthalmic use: 3 drops instilled into the conjunctival sac 2 or more times daily. Nasal use: 5 to 10 drops into each nostril with head tilted backward, 2 or more times daily. Silver preparations should not be used concomitantly.

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For additional information, write to:

School of Nursing, Hamilton College,
McMaster University, Hamilton, Ontario.

SUSTAGEN

Manufacturer—Mead, Johnson & Company of Canada, Limited, Toronto and Belleville, Ontario.

Description—Each pound supplies: Vitamin A 2800 I.U., vitamin D 700 I.U., thiamine 5 mg., riboflavin 5 mg., ascorbic acid 150 mg., niacinamide 50 mg., pyridoxine HCl 2.5 mg., calcium d-pantothenate 20 mg., vitamin B_{12} 5.0 mcg., folic acid 3.5 mg. Each 100 gm. supplies 385 calories; 257 gm. supplies 1000 calories; 1 ounce supplies 110 calories.

Indications—A therapeutic food for complete nourishment of patients who cannot or should not take food by mouth. May be used for tube-feeding. Also provides a nourishing drink when mixed by shaking or beating with water — chocolate syrup, vanilla, or other flavour may be added.

TETRACYN-SF

Manufacturer—Pfizer (Canada) Ltd., Montreal 9, Que.

Description—Brand of tetracycline with vitamins.

Indications—Infections caused by organisms susceptible to Tetracyn when the severity of the infection has caused a depletion of water-soluble vitamins.

Administration—Minimum daily dose is 250 mg. every 6 hours preferably after meals.

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Manufacturer—Elliot-Marion Company Ltd., Montreal 28.

Description—Each tablet contains: Thiamine 2.5 mg., riboflavin 2.5 mg., niacinamide 25.0 mg., calcium pantothenate 5.0 mg., pyridoxine 0.5 mg., folic acid 0.5 mg., ascorbic acid 75.0 mg., vitamin B_{12} 1 mcg., vitamin K 0.5 mg., reserpine 0.1 mg.

Indications—As a tranquillizer and to provide for extra water-soluble nutritional factors in stress conditions.

Administration—One tablet 4 times daily.

TYZINE NASAL SPRAY

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Description—Tetrahydrozoline HCl 0.1%. Topical vasoconstrictor with immediate action and prolonger effect. Odorless and tasteless, no sting or burn. No rebound congestion or rhinorrhea.

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Drawer 350
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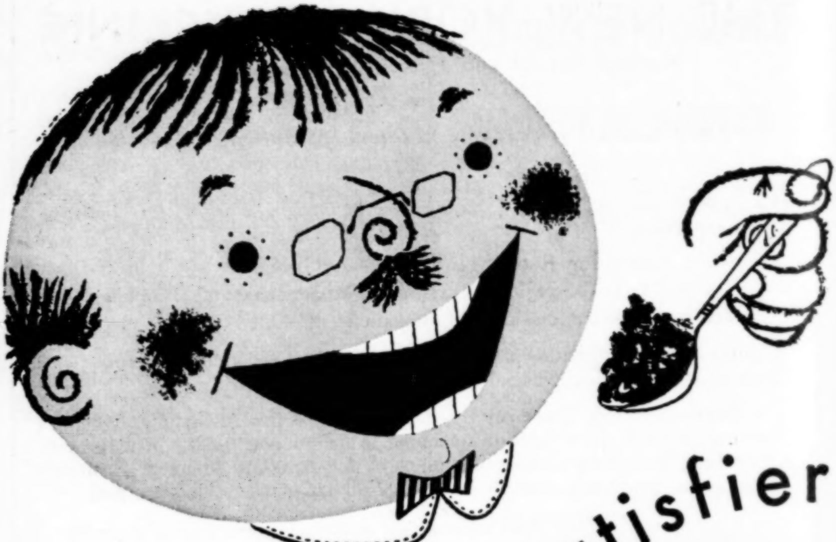

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THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 52 NUMBER 6

MONTREAL, JUNE, 1956

Our Senior Citizens

During the past ten years there has been a growing awareness of the problems of our senior citizens. We in the field of nursing must not be concerned only with the medical and psychiatric needs of our older citizens, but rather with their over-all needs.

What are the over-all needs of the older age citizen? They are:

Good medical and psychiatric service to maintain and increase health as well as prolong life.

Adequate living arrangements and pleasant family or home relationships.

Opportunities for emotional security and social usefulness.

Opportunities for financial security upon retirement.

Opportunities to work and earn commensurate with ability to do the job.

Opportunities for continuation of creative activities or guidance in the positive use of leisure time.

Opportunities for making new friends since many outlive their friends or spouse.

Facilities for the care of the chronically ill.

These are the very same goals we set for ourselves throughout all of our stages of life, but to the older adult they become matters of deep concern.

Since increased age is linked closely with increased susceptibility to chronic illness, medical and nursing costs will rapidly increase as more and more people live longer. We, in the nursing profession, will have to realize that failing powers increase insecurity and tend to produce a reaction to enforce the claim of the person for the care

(Mathews)

Mary E. Wilson

and attention which he is in fear of losing. Many visits to the clinic and the physician are expressions of this constant search for reassurance.

The opportunities for older workers in our economy has steadily declined. In 1900 about 60 per cent of our senior citizens were in the labor force. Today this figure has declined to approximately 45 per cent. Broad social legislation such as a Social Security Act in conjunction with a program aimed at furnishing work opportunities based on ability rather than age could relieve some of the obvious economic problems of the senior citizen. But the challenge of older age cannot be dealt with merely through meeting the economic wants of man.

We must recognize that recreation is one of the basic human needs at all ages. The philosophy of recreation for older individuals implies that the older person should have the opportunity to socialize and take his place, secure within his own age group. Further, he should have the opportunity to remain an integral part of the community in order to be able to participate in all types of activities with people of all ages.

There is need to provide sheltered care for some older persons. Such care should be provided on the basis of their needs and desires, as well as upon the advantages to them and the state afforded by the particular living arrangements. Those who live in institutions should not be isolated and cut off from life, but in some fashion their life should be a continuation of normal living with its contacts and activities. In providing protective environments for our senior citizens we should be concerned with pleasant and safe surroundings, good food, pleasant associations and the stimulation of interesting events and useful things to do.

No attempt has been made to explore all the avenues of this vast and complex problem. These brief remarks were made with the hope that nurses might see more clearly where they could contribute to programs being planned for the health and welfare of our senior citizens.

Nurses can render invaluable assistance by serving on committees that are making plans for the future; by assisting in the institutes and conferences now being conducted; by devoting some time on the programs of their professional organizations to the consideration of the problems that are inherent in old age, and by encouraging the establishment of courses of study which will help them to prepare for this important phase of nursing care. We can help to stimulate the development of ways and means to provide rehabilitation and recreation programs especially for those who are confined to their homes. As nurses and citizens we have a real responsibility to do all we can to ensure adequate care for the aged, whether it be in hospitals, nursing homes, or in their own homes. Let us not shirk this responsibility. Let us truly say, "We serve our Senior Citizens."

MARY E. WILSON, B.SC.
President,
Manitoba Association of
Registered Nurses

Studies of Patient Care

The American Hospital Association and U. S. Public Health Service have jointly sponsored studies of patient care in 50 general hospitals. One purpose of these studies is to determine to what extent the number of hours of nursing care provided each patient contributes to his satisfaction with his hospital stay. Another objective is to find out what nurses and other members of the hospital staff think about the nursing services they are able to provide. From the facts obtained, the participating hospitals expect to develop ways of improving patient care.

On a single day in each of the 50 selected hospitals, doctors, nurses, other personnel, and all patients who are well enough will fill out questionnaires stating frequent or infrequent causes of dissatisfaction with nursing. Participation is entirely voluntary and the completed questionnaires will be anonymous when they leave the hospital for analysis.

— U. S. DEPARTMENT OF
HEALTH, EDUCATION & WELFARE

The Management of Lumbar Intervertebral Disc Lesions

HAROLD J. ROSEN, M.D.,
F.R.C.S. (C)

IN THE NORMAL ADULT an intervertebral disc separates each pair of vertebral bodies of the spine, from the second-third cervical to the fifth lumbar-first sacral levels inclusive. Although lesions of these intervertebral discs are possible at any level — cervical, thoracic or lumbar — they are more commonly significant from the neurosurgical operative standpoint when they involve one or more of the discs in the lower cervical or lower lumbar regions. In this presentation the discussion will be confined to lesions of lumbar intervertebral discs.

The recognition of lumbar disc pathology as a frequent cause of low back and lower limb pain and disability is a relatively recent event. The operative treatment of such lesions, in significant numbers, only began to be reported in the late 1930's and early 1940's, but within recent years posterior protrusion or rupture of lumbar discs has come to be the condition most often treated by neurosurgeons. The condition, of course, existed previously, but in most such patients it was labelled as "lumbago" or as "lumbago with sciatica" — terms which are really only proper names for the symptoms usually reported by these patients, rather than actual pathological diagnoses — and only conservative measures of treatment were prescribed.

ANATOMY AND PATHOLOGY

The intervertebral disc, normally conforming in outline to that of the two vertebral bodies which it separates, consists of two portions. The outer lamellated fibrous portion is called the *annulus fibrosus* and the softer homogenous centre has been named the *nucleus pulposus*. A thin plate of hyaline cartilage separates the surface of the disc from the bone of the adjacent vertebral body. The mid-portion of the anterior and posterior aspects of the disc (and of the vertebral bodies as well) is supported by two strong ligaments, which run along the entire length of the spine, and are termed anterior and posterior longitudinal ligaments, respectively. Other structures to be mentioned in this regard are the *ligamenta-flava* (Yellow ligaments) running between the laminae of the posterior vertebral arches; the tough fibrous tissue forming the capsule of each lateral articular joint (the inner part of which is an important element in determining the size of the adjacent intervertebral foramen); the extradural fat; and the extradural veins.

Intervertebral disc degeneration is regarded as a process of normal ageing. However, it does seem to occur at an earlier age, and to a greater degree, in some individuals than others. The factors responsible for this variability are as yet far from adequately understood. In some patients trauma, acute or chronic, plays a definite role in this respect, and this will be discussed below. The degenerative process in the disc may be of greater degree either in the annulus or in the nucleus, but in most cases both portions are affected to some extent.

The degenerative changes in the annulus (which, microscopically, appear as fibrillary change, abnormal pigmentation and nuclear swelling) result in a weakening of this structure, particularly of its thinner posterior part. This weakening permits a herniation of changed fibro-cartilaginous and nuclear disc material beyond the normal confines of the disc. The herniation may be incomplete, forming a "bulge," or complete. It is then termed a "seques-

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tration." When the nucleus pulposus is the seat of the major degree of the degenerative process, it is usually in the form of an abnormal dessication. The nucleus decreases in volume, and then the weight of the individual causes a bulging of the relatively unsupported annulus in all directions.

When the above-described events take place gradually, a series of so-called "secondary changes" result. At times these secondary changes are of great importance in explaining the patient's symptomatology. Thus, with the loss of volume of the involved disc, the spinous processes, laminae and articular facets of the adjacent vertebral arches tend to override one another to an increasing extent. The ligamenta flava and capsules of the lateral articular joints tend to thicken. Some or all of the adjacent bony structures may show hypertrophic osteophytic formations, as a result of the disturbance of their periosteal layer. The normal extradural fat may be replaced by a variable amount of scar tissue, containing dilated blood vessels. At times a portion of the disc material finds its way into the substance of the adjacent vertebral body, by-passing the degenerated cartilaginous plate, to form a so-called "Schmorl's node."

As mentioned above, trauma is often a factor in causing rupture of a lumbar intervertebral disc. A previously normal disc may be disrupted by severe trauma to the spine. On the other hand, a lesser degree of trauma may result in a clinically significant protrusion or rupture of a previously degenerated disc. The damage is usually produced by a strain in flexion. The herniation may occur at the time of injury or later, depending on the direction and force of the trauma and the state of the disc at the time. Frequently, subsequent and even mild injury, as in bending, coughing or sneezing, or straining at stools, increases the herniation.

Protrusion of the disc into the spinal canal causes back pain, probably by stretching the posterior longitudinal ligament. If the protrusion is sufficiently extensive, it impinges on the adjacent nerve root somewhere between its point of emergence from the dural sac and its exit from the intervertebral foramen, with resultant pain, weakness and numbness in the area supplied by that particular nerve root. It should again be noted, however, that in the more chronic case many of the symptoms reported by the patient are due to the above-described "secondary changes" in the adjacent structures of the spine, rather than entirely the result of the abnormal position of a portion or all of the involved disc.

With few exceptions, lumbar disc lesions involve the fourth (L4-5) and/or fifth (L5-S1) discs, the incidence of the two being approximately equal. Both may be affected in the same patient, either simultaneously or at different times. Protrusions of the third (L3-4) disc constitute about 2 per cent of such cases, and in only a negligible number of patients is a clinically significant lesion of the first (L1-2) or second (L2-3) disc encountered.

Clinical Picture

The "typical" patient with a postero-lateral protrusion of one of his lower lumbar intervertebral discs usually dates his symptoms, or at least their acute exacerbation, from some incident in which he strained his lower back while in a partially flexed position. For example, he may report having carried a heavy weight with another person who unexpectedly dropped his end; or he sustained a fall on the spine in the sitting position. On the other hand, in the more chronic case, the patient may be unable to recall a single specific injury. The pain, sharp in quality, is in most cases confined to the lower back at first, either in the midline, or to one side of the midline in the lumbo-iliac region. Later the pain radiates, first into the region of the "hip," and then down the back of the thigh and outer aspect of the leg, ending either at the ankle, or the dorsum of the foot, or in one or more of the toes of the foot, depending on the nerve root or roots involved. When the nerve root compression and consequent pain are severe, the symptoms are increased by trying to bend, or to straighten up when standing, by turning in bed, by coughing, sneezing, straining at stool, etc. A feeling of tingling and numbness, more or less in the distribution of the radiating pain in the lower limb, is frequently present, either intermittently or continuously. Rest, particularly on a firm bed or on the floor, usually gives some relief. As a rule, the symptoms are intermittent.

The patient walks warily, perhaps with a limp, favoring the involved leg and bent slightly to moderately forward and toward the side away from the involved nerve root. When he sits down, he does so carefully, staying off the involved buttock, keeping his back rigid and leaning backward, with the affected leg stretched out a little, but flexed at the knee. The standing posture reveals a variable degree of dorso-lumbar scoliosis, diminution or loss of normal lumbar lordosis, and tilting of the pelvis, with associated spasms of the lumbar paraspinal muscles. To palpation there is tenderness over the 4th or 5th lumbar interspace and along the distribution of the sciatic nerve on the involved side. Straight leg raising with the ankle at right angles is impaired, more so with the affected leg.

The above so-called "orthopedic signs" do not localize the lesion to a particular level. On the other hand, the neurological signs are often helpful in this respect. Thus, when the protrusion is at the L5-S1 level, compressing the S-1 nerve root, the pain and tingling usually extend to the little toe side of the foot; the motor weakness involves the gluteal and hamstring (and perhaps calf and extensor hallucis longus) muscles; the sensory deficit is in the distribution of the S-1 nerve root, including the lateral margin of the foot and little toe; and the ankle jerk is relatively diminished or absent. When the protrusion is at the L4-5 level, compressing the L-5 nerve root, the pain and paresthesia may extend to the middle three toes of the foot; the anterior tibial muscle is the one most strikingly weakened (resulting in a partial or even complete drop-foot); the sensory deficit is in the L-5 dermatome area, possibly including the middle three toes of the foot; and there is usually no disturbance of either the knee jerk or the ankle jerk. Indeed, it should be noted at this point that, in the atypical case, evidence of neurologic deficit is most likely to be absent, even when the nerve root is significantly involved and there is a great deal of pain. In the much rarer patient with a protrusion at L3-4, compressing the L-4 nerve root, the symptoms may extend into the big toe of the foot; the focal motor weakness is greatest in the quadriceps muscles; the sensory deficit is in the L-4 dermatome distribution (with possible inclusion of the big toe); and the knee jerk is the reflex which is diminished or even absent.

PLAIN X-RAY EXAMINATION

Although it is true that a disc protrusion is itself not visible in the plain x-rays of the lumbo-sacral spine, much valuable information may, nevertheless, be gained from a careful study of such x-rays, particularly from the standpoint of differential diagnosis. There is usually confirmation of the clinical evidence of the loss or diminution of normal lumbar lordosis. Narrowing of the disc interspace and associated hypertrophic bony changes can be expected only after the condition has existed for many months. More importantly, one looks for evidence of spondylolysis or other anomalies of the spine, bony injury, pressure changes due to intraspinal tumor, bone destruction, etc., all of which may result in symptoms and signs simulating those of lumbar disc protrusion with nerve root involvement.

MYELOGRAPHY

It is the author's opinion that myelography is a necessary adjunct to the investigation of the patient when operative intervention is being seriously considered. It is true that the symptoms and signs are often sufficiently definite to localize the lesion accurately without myelography. It is also true that in the majority of patients the lesion will be found at the L4-5 or L5-S1 level. However, there are sufficient exceptions to these general rules to warrant the additional help of a myelogram before proceeding with the actual operation. Possible reasons for deviation from the "typical" clinical picture are:

Lesions at more than one level; far lateral protrusions; unusually large protrusions; lesions other than protruded discs; and the presence of a state of so-called "pre-fixed" or "post-fixed" plexus, with or without an associated abnormality in the number of lumbar vertebrae, and with resultant variance from the normal as to the parts supplied by each nerve root.

It is, of course, recognized that the myelogram is not always helpful, since a far lateral disc protrusion or a wide spinal canal may result in failure to demonstrate a defect in the oil column; also various artefacts may be misleading. Nevertheless, in conjunction with the remainder of the clinical picture, the myelogram is more often than not a great help in planning the nature and extent of the operation beforehand. At the Saint John General Hospital the oil, Ethiodan, is being used for myelography at the present time. Every effort is made to achieve a complete removal of the oil at the conclusion of the examination.

Conservative Treatment

Many patients with lumbar disc lesions can be managed successfully with conservative measures alone. This applies particularly to individuals with mild disc protrusions situated at one or more levels of the lumbar spine, and developing over a long period of time. An episode of exacerbation of symptoms in such a patient may require a period of rest on a firm bed, usually with the help of a board between mattress and spring. In rare cases traction is of help in managing the acute pain, though usually when traction is necessary operative intervention has to be more seriously considered. For severe muscle spasm, muscle-relaxing drugs may be relieving, but, often, frequent warm baths are a more effective treatment in this respect. Most important of all in the long-term management of such a patient are:

(1) A regime of low back exercises, usually of the extension type, carried out *regularly*, at least twice daily (e.g., on arising and before retiring); and (2) constant attention to proper posture, when relaxing, during work, and at play.

In the latter respects, the individual should try to avoid straining his back in a flexed position; he should make every effort to bring his work "up to his level," rather than bending down over it; and he should confine his "play" to activities in which his movements are predictable and controllable at all times, avoiding activities which might demand sudden movements of his spine for which he is not prepared. In general, the maintenance of proper posture should become an integral (and probably "subconscious") part of the patient's existence, so that he lies, sits, stands and walks "tall" at all times — and even begins to demand that his fellowmen and women do the same.

The wearing of a back brace is seldom if ever a necessary part of the conservative program. The patient who performs the exercise regime regularly will develop his paraspinal musculature into a very effective bracing mechanism. On the other hand, the wearing of an artificial brace often encourages exercise laziness, and results in flabby back muscles, which are incapable of adequately protecting the levels of the spine weakened by the disc degenerations and protrusions.

Operation

The problem of "when to operate" now comes up, and it is not easily clarified. Each patient must, of course, be evaluated individually. An effort is made to handle most early cases conservatively. In general, operation is advised for one of two reasons.

Firstly, the patient presents a picture of pain that is continuous and severe, in spite of all conservative treatment, and there is clearcut neurologic deficit, indicative of significant nerve root compression. This applies even to the patient with a "first attack" of relatively recent onset.

Alternately, there have been recurrent episodes of temporarily incapacitating pain, which, though remitting after a variable length of time, occur with sufficient frequency (in spite of continuation of adequate conservative treatment) to significantly limit the individual's capacity to work and "live a normal life." Such a patient may not exhibit much neurologic deficit on examination.

In the author's experience, as mentioned previously, the disc lesion in such cases is more often at L4-5 than at one of the other lumbar levels. As a general rule, a patient should be operated upon during an acute attack or an extended bout of pain but sometimes this rule must be modified to suit the patient's convenience in relation to his or her occupation.

In this presentation the operative procedure need not be discussed in detail. Suffice it to say that it should entail adequate exposure; thorough removal of the abnormal disc (not only its protruding portion), including the cartilaginous plates, so that raw bone is left above and below; careful lysis of the compressed nerve root, with excision of the extradural scar tissue; and decompression of the intervertebral foramen in certain cases. Adequate curettage of the disc interspace often results in at least partial fixation of the joint by subsequent ingrowth of firm scar tissue; indeed, in some cases bony fusion eventually takes place in this way. A formal bone graft fusion, or any other attempt at partial fixation of the level or levels of disc removal, should not be considered as part of the primary operation for lumbar intervertebral disc protrusion. Spinal fusion should be considered as a phase of the treatment of certain patients on its own merits, and can usually be reserved for a future date, at which time the decision is made on the basis of specific detailed indications that have to do only with the fusion. Fortunately, in the vast majority of these patients it never becomes necessary.

Postoperative Management

The postoperative routine varies a good deal with the individual surgeon. On the Neurosurgical Service of the Saint John General Hospital the average post-discectomy patient is mobilized in and out of bed as soon after the operation as possible. Often he will stand beside his bed to void, if necessary the evening of the operative day. He is helped in turning from side to side once each hour. He is encouraged to at least stand up, or even to take a few steps, the first postoperative day. Thereafter, his mobilization progresses rapidly. At the same time he is maintained on a graduated regime of lumbar tension (extension) exercises, which in most cases he has already learned, to a greater or lesser extent, before operation. The skin sutures are removed on the fifth or sixth postoperative day. The patient is usually ready for discharge from hospital on the tenth postoperative day, by which time he is up and around most of the day and doing the lumbar exercises at least four times daily.

In the patient's early postoperative treatment the nurse's role is of particular importance. It is she who should be responsible for encouraging the patient to turn in bed, despite the associated discomfort, and in his subsequent gradual mobilization out of bed and resumption of the exercise regime. It is the author's conviction that this early activity does no harm, and certainly does much to speed the patient's convalescence, particularly in regard to preventing or overcoming the uncomfortable muscle spasms that sometimes appear in the lower back, the "hips," or in the lower limbs themselves. Moreover, it gives the patient an early confidence in his ability to use his back again, and in this way inspires an earlier return to gainful employment.

After discharge from hospital, the patient is advised to continue his convalescence at home for another month, doing the tension exercises four times daily, and gradually assuming additional activities around the house. Office work is allowed after this first month. Patients with more strenous jobs are usually ready to return to them within three months after operation. It is recommended that lifting be done, as much as possible, "with the legs," keeping the back straight. Really heavy lifting is probably never advisable; nevertheless, many lumbar disectomy patients have of necessity returned to maximum laboring jobs, such as stevedoring, without apparent trouble. All of these patients are followed periodically for at least a year after operation. The "attention to posture and regular exercise routine," outlined above for the conservatively-managed patient, applies equally to the post-discectomy patient, and this fact must be stressed to both, again and again.

CENTRAL LUMBAR DISC PROTRUSION

Most of the above applies particularly to lateral protrusions of lumbar discs. In comparison to lateral protrusion, central disc protrusion or rupture is relatively rare, probably because of the thickness and resistive strength of the posterior longitudinal ligament in the central part of the spinal canal. On the other hand, a patient with a mild central protrusion is not as likely to come to the attention of a neurosurgeon as a patient with a lateral protrusion of similar degree, but with impingement on the adjacent nerve root.

Central disc protrusion without significant compression of the contents of the dural sac usually results in back discomfort only, and a longer period of conservative treatment, as outlined above, is usually indicated. However, if the pain continues to be severe and recurrently incapacitating, operative intervention, preceded by myelography, must be more seriously considered.

In a few cases, a relatively large portion of the intervertebral disc ruptures into the spinal canal, compressing the nearby cauda equina. This may result in major neurologic deficit in the lower part of the body, including marked muscle weakness in the lower limbs, "saddle anesthesia," and loss of bladder and bowel sphincter control. Myelography usually demonstrates a complete obstruction of the canal at the level of the ruptured disc in these cases. Operation to relieve the obstruction and compression is urgent, if permanent neurologic deficit is to be avoided.

RESULTS OF OPERATION

Surgical removal of protruded lumbar discs has become a safe and satisfactory procedure. Nearly all patients, if selected carefully for the operation, are benefited by it, at least to some extent. In most reported series more than half of the patients have been relieved of all their symptoms; usually close to 90 per cent are entirely relieved of the lower limb pain; persistent back discomfort may be reported by as many as 40 per cent of these patients, but it is of slight degree in the majority of this group, particularly if they maintain their exercises regularly. Less than 1 per cent of a properly assessed and properly operated series of patients may be no better following the operation.

Finally, in order to end this discussion on a positive rather than a negative note, I shall repeat the previous sentence in reverse — that is, more than 95 per cent of a properly assessed and properly operated series of patients with lumbar disc protrusions may be expected to improve, at least to some extent, following operation.

Thirty-millionths of one second is to most people a meaningless fraction of time, seemingly impossible to measure. Yet, electrical pulses this short are produced by a new machine for the stimulation of the brain. For years, scientists have sought a way to treat the brain safely with electrical current, but until the invention of this machine any current strong enough to stimulate would damage the brain if used for an extended period of time.

The new device discharges two electrical pulses — one back and one forward flow of current, with the second cancelling the effects of the first because a one-way flow will damage the brain. Since the pulse durations are only thirty-millionths of a second, further danger is eliminated. The inventors have used the machine successfully to stimulate the outer layer of the brain of a monkey for four to five hours a day up to seventeen weeks with no harmful effects. They believe their invention will be of great assistance in the examination and treatment of the human brain. — *(ISPS)*

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Ideals are like stars; you will not succeed in touching them with your hands, but like the seafaring man on the desert of waters, you choose them as your guides, and, following them, you reach your destiny.

— CARL SCHURZ

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Perseverance is a great element of success. If you only knock long enough and loud enough at the gate, you are sure to wake up somebody.

— HENRY W. LONGFELLOW

Nursing Care of Patients with Lumbar Intervertebral Disc Lesions

DONALDA MACTAVISH *and* DOROTHY MACQUARRIE

ON ADMISSION, the patient with a suspected disc protrusion in the lumbar area is usually having severe pain in the low back region and/or either or both legs. There may also be some numbness in the affected leg, or possibly a footdrop. Frequently, the symptoms are more pronounced during the night.

Each patient generally has his own method of relieving the pain temporarily. We also have several procedures that can be tried in this respect. Applying manual traction, such as pulling on the patient's legs, often provides temporary relief. It is not unusual to give the patient a warm tub bath at any time of the day or night to help relieve the pain. Exercising or merely walking about may be necessary, and is often effective. We do not use the application of external dry heat as a method of relieving pain in our department mainly because of the danger of burning areas in which there is decreased sensation. The analgesics that we use and find most effective are a combination of aspirin 5 gr. and phenacetin 5 gr., or aspirin compound with codeine ⅛ gr.

DIAGNOSTIC PROCEDURES

Laboratory tests carried out are:

- Urinalysis
- Blood Wasserman
- Red blood cell count
- Hemoglobin
- White blood cell count and differential
- Sedimentation rate
- Cerebro-spinal fluid for differential cell count, protein content and Wasserman reaction.

X-rays:

- Of lumbar spine and pelvis
- Of chest. (Occasionally chest x-ray for rib count, where there is a question of an unusual number of vertebrae

A myelogram is done.

The myelogram is usually an important factor in the doctor's decision regarding treatment. This procedure is done in the x-ray department. With the patient lying face down on the x-ray table, a spinal puncture is done in the lumbar area. Radio-opaque oil (8 - 10 cc.) is injected intrathecally after the removal of 10 cc. spinal fluid. The x-ray table is tilted, allowing the oil to move up and down the spinal canal. This column of oil is followed by the radiologist with a fluoroscope. A repeated interruption or partial indentation in the column of oil designates pressure on the subarachnoid space. Permanent x-rays are taken of all areas.

Following this procedure, the patient is returned to his room and placed on his abdomen for one hour. After that time, he is allowed up and about as desired. We check on the patient's first voiding following a myelogram. Sometimes a suboccipital headache, of varying severity, follows the procedure. This headache can last for as long as ten days. Lying flat in bed may provide adequate relief, but sometimes caffeine sodium benzoate is tried. The patient should be encouraged to force fluids during this time. Other methods of relieving headache, such as the application of icecaps, etc., may be used.

TREATMENT

Exercises: In most cases, lumbar tension exercises are started shortly after admission. These are done once daily under the supervision of the physiotherapist, and the patient repeats them on his own at least three more times during the day. These exercises consist of general tension, straight leg

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raising, head and shoulder lifting, combinations of the last two, bicycling, etc., with the patient in various positions. They are continued until operation and then resumed gradually after operation. Sometimes physiotherapy is the only treatment necessary.

Preoperative care: When operation is indicated, the preoperative preparation is similar to that for any other surgical procedure. Blood is taken for grouping and crossmatching, and ordered for transfusion during or after surgery. A large area of the back is shaved. It is scrubbed with phisohex for five minutes at least twice on the day preceding operation and once the following morning, shortly before operation. The preoperative sedation is usually morphine or demerol and hyoscine.

Postoperative care: If the patient has had a general anesthetic, he is placed in his bed in a semi-prone position, with a pillow placed lengthwise under his chest and abdomen, and another pillow under the uppermost leg, which is slightly flexed. If the patient is conscious (and he usually is, as spinal anesthesia is favored), he may be placed on either side, with a pillow supporting his back, another between his legs, and a small pillow under his head.

The temperature is taken rectally for three days postoperatively or until normal; we use the rectal method because it is the most accurate. If the temperature is subnormal we apply the bed-warmer, which blows warm air over the patient's body, between the sheet and bedspread.

The blood pressure, pulse and respirations are checked immediately upon return to the room, and re-checked frequently until the following day, or until stable. If the blood pressure falls below 100 mm. systolic, the foot of the bed is elevated. If a drop in blood pressure persists, intravenous fluids or blood transfusions may be ordered.

The dressing is observed carefully for oozing, and is reinforced and reported as necessary.

We compare complaints of pain as to severity and similarity with preoperative pain, and record any change in sensation or movements of extremities.

We check the time and amount of the first voiding. If the patient is unable to void, it is usually permissible for him to stand by the side of the bed with assistance. If this is ineffective, prostigmine (or a similar drug) may be given. If the patient is still unable to void catheterization may be necessary. This difficulty in voiding may be due to the spinal anesthetic, or it may be a more serious result of the operation.

The patient with a lumbar disc removal is turned from side to side, in a face-down position, every hour day and night. He is encouraged to help himself as much as possible. These frequent turnings prevent stiffness. His hips often become tired and sore. Frequent alcohol rubs may alleviate this.

The preoperative pain may persist in varying degrees for some time following operation. If this occurs, we reassure the patient that the damage to the affected nerve root cannot disappear at once, and give analgesics as ordered and required. Sometimes muscular cramps develop in the patient's legs. Exercising, manual traction, or walking will often relieve these spasms.

The bed is kept flat and the patient is taught to keep his back straight when lying down, sitting or standing. We also teach him to get out of bed by sliding out, face downward, and to come to an upright position with the aid of his arms and hands. In most cases, if not otherwise contraindicated, the patient is allowed up the day following operation. As he becomes stronger, exaggerated knee-bending is encouraged when he is walking.

The dressing is changed by the doctor on the first postoperative day, and every one to two days subsequently until the wound is healed. To minimize the danger of infection, aseptic technique is carried out to the extent of gloves and masks being used. All our dressing changes are carried out in a special treatment room, and not on the ward itself.

As mentioned previously, the tension exercises are continued, and the patient is advised to continue doing them following discharge from hospital. Those who do these exercises faithfully make the best recoveries.

The diet seldom presents a problem. A regular diet, supplemented by vitamins, is resumed on the first postoperative day. These patients rapidly regain weight lost during their illness.

They are usually discharged ten days postoperatively.

Conclusion

When we started this paper on the nursing care of patients suffering from lumbar intervertebral disc protrusion, we thought it would amount to little more than one paragraph, since most of our patients have had such uneventful recoveries, and, being hardy Maritimers, have required little actual nursing care. However, once we started, we did find that there are many details to a satisfactory nursing regime for them. One factor which minimizes our work and the burden of instructing these patients is the fact that there are usually several of them in one room. They console, criticize, encourage and compete with one another to a speedy recovery.

Winnipeg, the Friendly City

Winnipeg today is a city of broad streets, far-flung residential areas, many parks and clean, handsome buildings. Its geographic position is unique. It lies in a great plain, midway between Lake Winnipeg and the international boundary, and is like an enormous spout through which all the trade between eastern and western Canada must flow.

It is a truly cosmopolitan city. Transplanted Englishmen play cricket in Assiniboine Park, street names recall the Scottish origin of the pioneer settlers. In the North End Market, Polish women in *babushkas* tend their vegetable stands; the Byzantine spires of Ukrainian Churches rise beside Jewish synagogues; and restaurants specialize in Italian, Chinese or Viennese food.

Fourth largest city in Canada and chief manufacturing centre of the west, it is known for its Musical Festival, its Royal Winnipeg Ballet, its fine hospitals and clinics, and as the home of the University of Manitoba.

Winnipeg's history may be said to

(C.P.R. Photo)

Fountain in Central Park, Knox Church in the background

Civic Auditorium, Winnipeg

go back to 1738, for in that year was erected the first building on its future site. This was Fort Rouge, built on the orders of Pierre Gaultier de la Verendrye, explorer and fur-trader of Old Quebec. Fort Rouge, which stood near the junction of the Red and Assiniboine Rivers, was abandoned early and is said to have been followed by a number of other forts near the same spot. No trace of them now remains.

Sometime during the first decade of the 19th century — the dates given vary from 1804 to 1810 — the North West Company established Fort Gibraltar at the Forks. Shortly afterwards, in 1812, the first group of settlers reached Red River. Scottish crofters and fisherfolk, they were brought to the new land by Thomas Douglas, Earl of Selkirk. In spite of many early hardships, the little colony endured and became the nucleus of Winnipeg as a settled community.

In 1821 the Hudson's Bay and North West Companies united under the name of the former. Then began almost half a century of rule by the Company, during which time its word was law over the Canadian northwest. Meanwhile, the Red River settlement — isolated in mid-continent and accessible only by long travel — existed in comparative contentment and prosperity.

Near what is now the heart of Winnipeg's business district stood Fort Garry, the Hudson's Bay's headquarters in the west. The settlers' farms extended down the Red, each with a narrow frontage on the river. Beyond them were the handsome stone residences of retired company officials. The largest element in the settlement, however, was made up of the Metis, mainly descendants of French Canadian voyageurs and their Indian wives. They had small farms on the Red's east bank, where St. Boniface now stands, but were concerned mainly with buffalo hunting.

In 1869 it was decided that the district of Assiniboia, which included the settlement on the Red, should be annexed to Canada. The Hudson's Bay Company agreed to relinquish its right of government but from the Metis came determined opposition. Foreseeing the end of their nomadic prairie life, they demanded that the transfer take place only after Red River citizens were guaranteed certain rights. In this they were supported by many white members of the settlement.

Under Louis Riel, Metis forces occupied Fort Garry, seizing its ample stores of food and munitions. A provisional government was established and a List of Rights drawn up. In May 1870, a bill incorporating most of its points was passed by the Dominion Parliament. On July 15, Manitoba formally became a province of

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Photographs on this and following pages by courtesy of Manitoba Travel and Publicity Bureau.

Canada. A month later troops arrived from the east to restore order.

Winnipeg, with a population of approximately 4,000, was incorporated as a city in 1873 although it was then a frontier town of wooden buildings and muddy streets. Five years later a railway was completed, linking St. Boniface with a United States line.

With the completion of the Canadian Pacific Railway, spanning Canada from coast to coast, and a growing realization of Manitoba's potentialities as a grain-growing region, development of the province and its capital city was rapid.

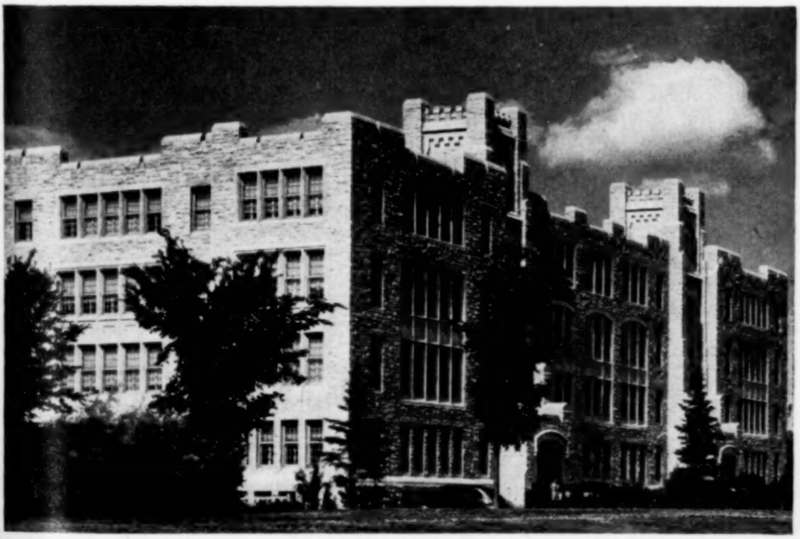
UNIVERSITY OF MANITOBA

On the outskirts of Winnipeg, seven miles from the city's downtown district, lies a cluster of buildings — some strikingly modern in design, others of traditional style — which make up the University of Manitoba. In summer the campus is a pleasant spot, where the green foliage of trees contrasts with the grey of Manitoba's famous Tyndal stone. The present University, with its more than 5,000 students, is a far cry from the log house in which Father Joseph Provencher opened the school which later became the west's first college.

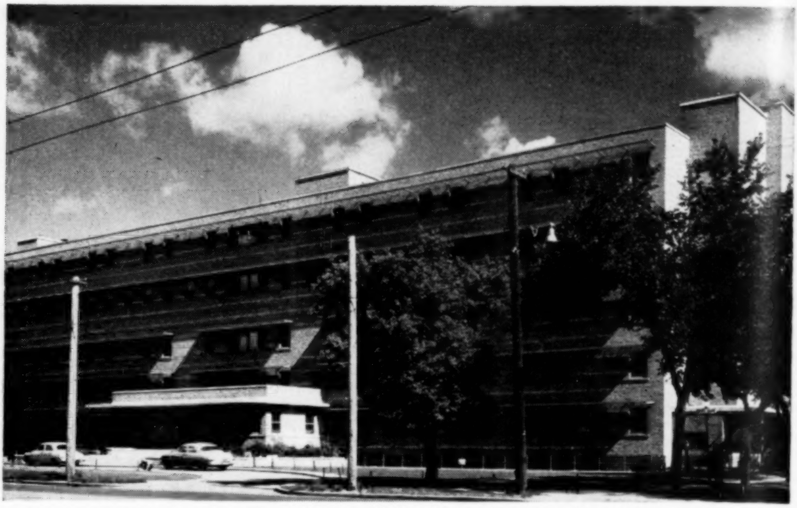
In 1818, when the young priest came to Red River, he found a scattering of settlers' homes. The chief buildings in the little colony were Fort Gibraltar, the North West Company's trading post, and Fort Douglas, headquarters of the Selkirk settlement. On approximately the spot where St. Boniface Basilica now stands, he set about building a combined house and church. Here he began his teaching.

Father Provencher's school did not operate continuously for some time. Devastation of the crops by grasshoppers four years in succession drove many settlers from Red River to Pembina, the log-shack village of the Metis buffalo hunters. Then, in the spring of 1826 the settlement experienced a disastrous flood. The year following, however, Red River finally saw a measure of prosperity and the school commenced to receive boarding students. This may be regarded as the beginning of St. Boniface College.

The origins of Winnipeg's other denominational colleges, which preceded the University, were equally humble. In 1820 the Hudson's Bay Company sent out the Rev. John West, an Anglican clergyman, to minister to the religious needs of the Selkirk settlers. With him came George Harbidge, a schoolmaster. By 1822, a log mission, which served as both church and school, had been opened near the



Science Building, University of Manitoba



Maternity Pavilion at Winnipeg General Hospital

site of the present St. John's Cathedral. In time the settlement possessed three more schools and the original establishment, grown in importance, offered training of a more advanced type. The first Bishop of Rupert's Land, Bishop David Anderson, named it St. John's College in 1849.

In the same year the Presbyterian settlers in Kildonan erected a log school house just north of where Old Kildonan Church stands today. This building was later replaced by one of stone and here, in 1871, Manitoba College was founded. These three church colleges — St. Boniface, St. John's and Manitoba — formed the nucleus of the University, when the act establishing it was passed by the Manitoba Legislature in 1877.

At that time, only seven years after Manitoba had become a province and more than a year before the first railway was completed to the west, vast difficulties appeared to stand in the way of such a development. The population totalled little more than 25,000 and of this number, less than 10,000 were white. There was not a single high school or collegiate institute in the province, all secondary education being in the hands of the colleges. Again, the creation of a university demanded from the colleges much mutual understanding and concession.

It was largely through the efforts of the Hon. Alexander Morris, then Lieutenant Governor, that the difficulties were overcome and that Manitoba acquired at such an early date the framework of a university. By establishing one degree-conferring body in the province, the Act ensured that a uniform standard of excellence in higher education would be maintained.

Manitoba's University at first possessed no buildings, since the institutions gave no instruction. Teaching was carried on by the affiliated colleges, while the University of Manitoba set and marked examinations and conferred degrees. In 1900, however, an amendment to the University Act gave the institution power to offer instruction. Four years later teaching commenced in what is now known as the Old Science Building on the Broadway site. In 1929 the site of Fort Garry, already occupied by Manitoba Agricultural College, was chosen as the permanent location of the university.

Throughout the years the variety of degree courses offered in the field of arts and sciences has been increased. New faculties and schools have been founded, with even Slavic studies and a course in Icelandic literature added to the curriculum. Today the university offers a multitude of degree courses in the faculties of medicine, engineering and architecture, agriculture and home economics, education and graduate studies and research, and the Manitoba Law School. Affiliated colleges now are: St. Boniface, St. John's, United, Manitoba Law School, St. Paul's and Brandon College in Brandon, Manitoba. The School of Nursing has not yet reached the level of degree granting but is an integral part of the university.

It is interesting to note that the university is only a little younger than the city itself for the Act establishing the former was passed only four years after that which incorporated the city of Winnipeg. Since those far-off days of the last century, the two have developed together — Winnipeg into a thriving metropolis and the university into the fourth-largest English-speaking university in Canada.

We Cannot Come Down

IONE E. SPALDING, S.R.N.

TO SPEAK ON PROFESSIONAL IDEALS is like attempting to catch Niagara Falls in a medicine bottle — the scope of such a subject is tremendous and the possible avenues of approach almost unlimited. I shall therefore restrict my treatment of the subject to definition and consider exactly what we mean by the word "professional" and the word "ideals," fitting the findings into the professional world as a whole, for nursing has shared with the other great professions a tradition of service to society based not only on personal reward but also on personal obligation.

The Oxford Dictionary defines profession as a *vocation in which a professional knowledge of some department of learning or science is used in its application to the affairs of others.* If this is so (and who dare doubt the Oxford Dictionary!) what a challenge any member of any profession accepts when he claims professional status! Before we reach our second word "ideals," we are brought right up against vocation and the professing of a knowledge which it is our duty to apply practically — to the affairs of others.

PROFESSIONAL STATUS

The professional man or woman can never be satisfied with the second best — he can never look on his work as *merely* a means of livelihood. Certainly it is through his work that he obtains his livelihood, but the professional man, be he lawyer, doctor or university professor, who could not care less whether his work is indifferently done has no moral right to claim professional status. He is in fact *not* a professional man though he may profess and call himself a doctor, lawyer or university professor.

For the professional man both claims and accepts professional status. That is to say, he expects from society a proper respect (without which he cannot adequately discharge his obligations) and he also accepts a definite debt payable by him to society through the medium of his work, be it law, medicine or teaching. Unless he realizes that he is a debtor to society he cannot claim professional status, for the term implies a particular relationship between him who professes to serve and those served.

Down the ages people have always been sensitive about the question of professional status. The physicians have looked down on the barber-surgeons, the barristers and judges on the attorneys, and today registered nurses may tend to look down on the nursing assistants, and all because the principle of professional status is misunderstood.

This excellent paper is an abstract of an address delivered by Miss Spalding to the Liverpool Branch of the Royal College of Nursing. It is adapted to Canadian usage and reprinted from *Nursing Times* with the kind permission of the editor.

Professional status surely implies a certain *relationship,* a right relationship between the professional man and his client (or patient) and between the professional man and his colleagues. To increase a man's professional status from the outside by councils and committees does not in fact augment in the slightest degree the respect in which he is held, or the service which he is able to give. One cannot give a man dignity — a man is *what* he is, what he has made himself, and his true worth cannot be falsified by making him more or less important in the eyes of society or his colleagues.

Consider how common it has been to demand the respect due to professional status without accepting its inherent debt to society. Indeed, laws safeguarding society have been necessary for at least 4,000 years. According to the famous Code of Hammurabi, 2,000 years B.C., a surgeon was liable to have his hands amputated in cases of carelessness or negligence in the operating theatre. Later on, in the 13th century in England, a gentleman of the name of Robert was liable "to be kept in prison in iron bonds, never to go forth" if he failed to complete a certain literary composition which he had undertaken. Poor Robert!

The danger of this present age is that the term "professional status" is coming increasingly to mean the rights and privileges of the professional man at the cost of losing sight altogether of the debt owed by him both to his profession and to society as a whole. Certainly, society must keep its part of the contract — certainly the professional man must be paid his rightful dues of status, authority and privilege, but this depends a good deal on the profession itself and the members who form it.

"I hold everyman," says Francis Bacon, "a debtor to his profession from the which as men do of course seek to receive countenance and profit, so ought they of duty to endeavour themselves by way of amends to be a help and ornament thereto." Now there we have it concisely put. "To receive countenance and profit" of course, says the practical, sensible Bacon, but he also talks of being not only a help, but an ornament to the profession.

It is most essential always to have our feet firmly planted on the ground and our heads screwed well upon our shoulders, but surely if Bacon is right (and we should all agree about the "countenance and profit") and it is our duty to be a help and an ornament to our profession, then, as members of a profession we can claim something beyond material gain, good working conditions, human respect. Surely all who claim professional status must dare to see a little of the everlasting glory and weave something of its splendor into the day-to-day routine of professional life.

ACTION WITH VISION

This brings us naturally and without effort to "ideals." We know the professional man to be the practical man — words such as skill, applied knowledge, action, belong to him. What then of the professional man at his best? The Oxford Dictionary defines ideals as "answering to one's highest conceptions." Ideally, then, action is not enough; there must be vision out of which action is born. And the limit of our vision determines the limit of our work.

As you know, it is possible to carry out the simplest nursing procedure satisfactorily in two ways — one can dress a painful wound with knowledge and skill and leave it at that; but ideally, to that knowledge and skill can be added the unspoken, hidden compassion of the divine charity. Then nursing becomes not only professional but creative, redemptive, a part of the final triumph over all that wrecks the loveliness of life.

So much then for professional ideals as they affect society. But how do they affect the profession itself? Is it not a distinguishing characteristic of members of a profession that they are, and act as if they are, members one of another? Does not the ethical relationship of each member of a profession to those he serves bind the whole profession together? Ideally both the heads of any great profession and its most junior members are primarily concerned with the same object (client or patient) and therefore they are bound to each other in a desire to cooperate to the full. This is, indeed, not just a happy thought but an unavoidable debt to be paid by all its members, and is paid in the coinage of true courtesy, for courtesy is the hallmark of professional behavior.

This most attractive quality, courtesy, brings with it a great freedom, for personal likes and dislikes, though they still exist, cease to matter. As members of the same profession we are bound to be courteous to each and all, and courtesy is not courtesy unless it carries with it an *absolute loyalty* behind the scenes.

In summing up these thoughts I would suggest to you that this age presents a challenge to all professions, but most particularly to our own.

TRADIMUS LAMPADA*

Your professional organization is the Canadian Nurses' Association, and while it is vital that your professional organization should defend and protect its members from the evils of injustice, low salaries and poor working conditions, this is by no means the whole story. The Canadian Nurses' Association is also the guardian of your professional standards and the association *is its members*. It is through its members all over Canada that the fight against the second-rate is being waged. The Canadian Nurses' Association, through its members, is the bulwark against that attitude of mind which asks only "What can I get out of life?" *Tradimus Lampada* — we hand on the torch — the torch of knowledge, of skill and above all of compassion, but in the darkness of this material and anxious age, its light must be of such a nature that nothing can overcome it.

From a private diary written about 22 centuries ago by a soldier of some renown come the following words: "I am doing a great work and, therefore, I cannot come down." He is recording his answer to a message sent from enemy headquarters that he should leave undefended the walls of his besieged city and come down to discuss terms with his opponents in the plain below. This sentence surely illustrates concisely and accurately all that professional ideals signify — "I am doing a great work and, therefore, I cannot come down."

You are doing a great work — for what greater work can there be than that which you are doing? In a world of wars, and rumors of wars, your work never changes. You are always concerned, whether there be war or only its rumor, in the saving of life, not the taking of it; in the relief of pain, not the infliction of it; and for all who see beyond the temperature chart and the next injection of penicillin, a share in the inestimable privilege of passing on not necessarily in words but through the medium of daily routine, whether in the ward, operating theatre or outpatient department, something of the peace which passes understanding.

I am doing a great work and, therefore, I cannot come down. Because I am doing a great work, I cannot come down. I cannot lower my standard. Because I am a hospital nurse or a public health nurse or engage in private nursing, I cannot give less than the best. My patients may be appreciative or unappreciative, likeable or irritating, rich or poor, friend or foe. No matter, I am doing a great work and, therefore, I cannot come down. I cannot give less than the best, and because I am a member of a profession, I cannot work in splendid isolation. I am part of a whole, and I am under obligation to that whole. A profession is a group of individuals linked together by a common bond, not a group of individuals unrelated to each other. The profession gives me my status and my authority; I owe the profession my allegiance.

So then, the harassed head nurse may be driven round the bend by her irritating, clumsy student nurse, and the same irritating, clumsy student nurse may think of the head nurse without any particular affection, but the attitude of both to each other will be courteous and loyal. Gradually, at considerable cost, the right relationship of mutual respect and willing cooperation will be established. Because both are engaged in a great work, ideally neither the head nurse nor the student nurse can come down to the level of personal likes and dislikes; neither will lower her standard and the result will be well worth the cost. But even this is not enough. As a member of a profession I am under obligation not only to my own hospital and school of nursing but to the profession as a whole. I am bound, therefore, to identify myself with my profession not primarily for what I can get out of it but because I am under obligation to it. Active participation in professional associations is one way in which this obligation may be met. Nor can I rest here! *Tradimus Lampada,* we hand on the torch, and I must hand on both to my colleagues and to my juniors the torch of professional responsibility. For what does the Canadian Nurses' Association really stand for if not to transmit through its members the vision of the greatness of our calling?

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*This is the motto of the Royal College of Nursing (United Kingdom).

A GREAT WORK

"Where there is no vision," says the Book of Proverbs, "the people perish," and history has proved this to be true. It is equally true that a profession without vision, without ideals, perishes. Today there is real danger that nursing is losing its ideals. Today the destructive forces of apathy, indifference and insistence upon "my rights" are gaining ground. Not in all places is the patient the centrepiece — the patient for whom the hospitals were built, for whom the medical and nursing staff work and for whose welfare departments of health exist. It is, after all, the individual man in his own right, who matters — John Smith who knows, as some of us may never know, the loneliness of pain and the longing to be a little loved, a little cared for and not just *treated*. Today the red light is on and it is through you, the members of the Canadian Nurses' Association — the heart and home of Canadian nursing — that nursing as a profession and a vocation will survive, for surely the answer to all that is unprofessional and second-rate in nursing today must be the proud claim "We are doing a great work and, therefore we cannot come down."

Convention Personality

Contributing particularly in conjunction with the special program arranged by the Committee on Nursing Education will be **Mildred E. Schwier,** director of the Department of Diploma and Associate Degree Programs, National League for Nursing, who has had many years of experience in both the service and educational fields of nursing. A graduate of the Mt. Vernon (N.Y.) Hospital, Miss Schwier received her B.S. in teaching in schools of nursing and her M.A. in administration, both from Teachers College, Columbia University. Her broad professional experience includes a head nurse-ship, nursing arts instructor, supervisor of clinical instruction, educational director and director of nursing. Before joining the N.L.N. she was director of nursing in the General Hospital, Pittsfield, Mass.

MILDRED E. SCHWIER

Miss Schwier is actively concerned with the development and improvement of nursing education. She assisted in the preparation of a study published by the N.L.N., "Ten Thousand Nurse Faculty Members in Basic Professional Schools of Nursing." In 1951-52, she was the assistant director of the National Nursing Accrediting Service (now the Accrediting Service of the National League for Nursing).

Public Relations Guide

RITA MACISAAC

MUCH has been written and will continue to be written about the importance of sound human relations in our everyday activities. None of us can progress in our endeavors without the support and understanding of those with whom we live and work. People, those within our own profession and those beyond it, are essential to our progress.

With this in mind a Public Relations Guide has been prepared in both French and English by the Canadian Nurses' Association. It is based on the material originally suggested by the C.N.A.'s Public Relations Committee (1952-54) and has been completed during this biennium. To quote from the Foreword by Miss Gladys J. Sharpe, President of the C.N.A.:

> It is the belief of the Canadian Nurses' Association that good public relations is primarily the sum total of building good will and understanding for our nursing profession in cities, towns and districts across the nation. As a consequence, this booklet is designed not only for the guidance of local chapters and provincial committees, but also for individual nurses interested in the progress of the nursing profession. The suggestions offered here can assist everyone in planning and executing a public relations program.

This month as nurses arrive at the Biennial Meeting in Winnipeg, each will find within her folder of reports a Public Relations Guide. From now on this booklet will be available from National Office and from provincial association offices at a nominal cost.

The material covers nine chapters and explains why we, as nurses, need public relations, discusses where we should start — namely, with ourselves — and moves on to describe external relations with the general public. A compact well-illustrated booklet, it is a must for the professional and personal bookcase or library.

How many times do we attempt to put across a new idea or program, or to develop a project, only to meet with disappointment and failure? Could this be due to our method of communication? Did we take into consideration the interests of the people who had the power of developing or discarding our ideas and projects?

Other people do not see nursing as we see it, any more than we see a bridge as an engineer sees it, for example. People view nursing in terms of what it means to them and their immediate range of interests.

The appeal to a person's self-interest is the basis of sound communication and hence of public relations.

In order to be able to communicate effectively in the realm of nursing, one must know the facts about nursing. Thus public relations starts at home with ourselves, within our own organization. Each one of us, in an informal manner, is constantly interpreting nursing to the public. But what happens if nurses do not know the facts or are misinformed about the profession's objectives?

Impressions and opinions will be created which will discount any effort made by the profession as a whole to publicize nursing.

Where can nurses learn the facts? Where can they develop an understanding of the objectives of the profession? One answer is obvious — within the chapter and district professional organization. Active, interested chapters result in well informed nurses prepared to support our professional aims in all that they do or say.

Our professional organizations, to be effective, must depend on people to participate in their activities. These people, you and I, do not always contribute as much as we might to our association activities. Because of this natural human failing of indifference it is essential that interest be stimulated. It is not enough to complain about

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Miss MacIsaac, who is assistant secretary of the Canadian Nurses' Association, is secretary of the Public Relations Committee.

small meetings and lukewarm attitudes, it is important to discover *why* these attitudes exist and *how* they may be changed.

Histories of hundreds of successful associations spell out the importance of good meetings. The program committee of a chapter, provincial or national organization is therefore an extremely important one.

The Guide provides suggestions for planning, promoting and producing meetings — always bearing in mind that to develop interested audiences, we must gear our topics and their presentation to the specific interests and work of each nurse. This is not as difficult as it may seem for basically, nurses' interests are similar — service to patients — it is only the way in which this service is rendered that differs. There is, no doubt, in all topics something that applies to each of us — if time were taken to make this evident. This is really the secret of good meetings.

The second step in a public relations program is to interpret our aims and objectives to as wide an audience as possible, be it in our immediate locality, our province, or our nation.

There are many ways of doing this through press, radio and television. This is dealt with in detail in the booklet. Here, we are reminded that what may be geared to the interest of our own profession must now be interpreted in terms of a public who sees nursing as a hospital experience, a public health nurse, an occupational health nurse. What nursing is to the man in the street, the father, the employer or the elderly must be discovered and employed to gain support and understanding for this essential service. We have here a sympathetic audience but often an uninformed one.

Nursing *is* an essential service. We have a story to tell and a contribution to make. Each one has a part to play. The effort of one nurse to interpret her work to people outside the profession may seem like a drop in the bucket. But this effort, duplicated by 50,000 nurses, would reach virtually every Canadian and thereby develop a favorable, informed opinion about nursing.

These and other related topics are dealt with in the Public Relations Guide. The practical application of public relations techniques in nursing situations is here developed. The booklet is one which will be invaluable to all interested in public relations. By all, we mean every Canadian nurse for unity of effort is needed. "We may walk alone, but we never march alone."

Provincial Association Activities

A review of the provincial reports as submitted to the CNA Executive Committee meeting in February, 1956 creates a general air of industry and accomplishment. There are still many problems requiring a solution but during the year 1955, the component associations appear to have attained important objectives, grown in professional solidarity and consequently have strengthened the parent association. Nationally, certain items have been of general interest or concern.

Curriculum Study: Five provinces are currently engaged in or have completed study and revision of existing minimum curricula. In Manitoba, all schools of nursing have started to reorganize their programs in line with the revisions and it is hoped that either a partial or complete block system will be instituted in each by the end of 1956. Quebec hopes to have a first draft of the English revision ready very shortly and the French-language group are continuing work on their curriculum. Inclusion of psychiatric affiliation is a major concern in some provinces.

Approval of the National League for Nursing *test pool examinations* has recently been given by Manitoba, Prince Edward Island and Saskatchewan who thus join Alberta, British Columbia and Nova Scotia in using these papers. Ontario is currently considering possible use of them. Quebec is continuing a study begun previously of the results of the existing examination system and examination content. Manitoba, P.E.I. and Saskatchewan have discontinued first year qualifying examinations.

Student nurses: With one exception, all provinces reported considerable activity in this area. Newfoundland, Prince Edward Island and Saskatchewan were particularly diligent in student recruitment. P.E.I. conducted a survey to determine the respective effectiveness of the various recruitment techniques used — informal chats with students of nursing leading by a wide margin. Funds to assist students complete a basic nursing program are increasingly available — Manitoba and New Brunswick have recently established programs of assistance. The Ontario provincial association has undertaken to provide scholarships for students entering on a basic degree program. A branch of the Student Nurses' Association was recently formed in Nova Scotia making a total of four such provincial organizations.

Civil defence: This aspect of nursing is assuming growing importance in our basic program. Increasing numbers of nurses are benefitting from the course of instruction given at Civil Defence College, Arnprior. As they return to their respective fields they carry with them the responsibility of teaching their co-workers. In British Columbia each school of nursing is to have an instructor whose specific task will be to integrate civil defence methods and procedures into basic nursing study. The first institute of its kind since the inception of the school was held at the Provincial Civil Defence School in Fort Qu'Appelle, Sask. when discussion centred around the role of the nurse in civil disaster.

Institutes and refresher courses: Educationally, the year 1955 was varied, active and interesting. With few exceptions the provincial reports carry accounts of institutes, workshops and refresher courses covering many interest areas. The series of institutes in B.C. aimed to prepare a total of 225 "instructors" in body mechanics and rehabilitation nursing was, perhaps, the most unique. Ontario indicated good attendance at an institute on growth and development conducted by the University of Toronto School of Nursing. Manitoba sponsored a series of institutes covering such subjects as administration, prenatal education, curriculum revision, geriatrics, and aseptic techniques. Other provinces concentrated on maternal health, mental health and pediatric affiliation programs.

In addition to these areas of similarity each province reported other developments peculiar to their individual situations:

ALBERTA

1. Instituted a survey of provincial office administration under the direction of Miss E. Stuart, professor of administration, University of Toronto.
2. Appointed a Task Committee to prepare a guide for an extensive survey of nursing and nursing education within the province.
3. Approved a recommendation to request the Department of Health to establish a program of training for nursing orderlies comparable to that now given to certified nursing aides.
4. Prepared a curriculum for psychiatric nurses.
5. Added a new chapter bringing the total to twenty-five.

NEW BRUNSWICK

1. With the assistance of Miss E. Kathleen Russell, undertook the task of studying ways and means to reorganize nursing education to provide more adequate nursing service.
2. Continued study of legislation for the auxiliary worker. This project and others hinge on the completion of the survey now underway.
3. Appointed a special committee to study private nursing registries and to draw up policies leading to more uniform standards and regulations.

NEWFOUNDLAND

1. Approved a new program of nurse education for one of its schools of nursing consisting of two years theory and practice and one year nurse internship. This program has also been implemented in another school on an experimental basis.

2. Prepared a report on the "Philosophy and Aims of Nursing Education" at the request of the National Committee.

3. Began the work of revising association bylaws and formulation of an outline of personnel policies.

4. Established committees in three schools of nursing to study and evaluate the "Head Nurse" study in its relationship to the functions of a head nurse in a small hospital.

NOVA SCOTIA

1. Set about the task of drawing up criteria to be used by the Executive Committee in evaluating schools of nursing.

2. Authorized the presentation of a submission to the Department of Health requesting restoration of Federal-Provincial Grants for increased residence facilities for nurses.

3. Completed arrangements for student affiliation in tuberculosis in the Cape Breton area.

ONTARIO

1. Instituted a study of provincial office organization.

2. Completed final arrangements for the construction of an office building.

3. Planned for a conference on evaluation in the basic nursing program with specific consideration of the possible use of the N.L.N. testpool examinations.

PRINCE EDWARD ISLAND

1. Began construction of a provincial curriculum.

2. Recommended development of a program of psychiatric affiliation for students at the provincial psychiatric hospital.

QUEBEC

1. Established a fund to assist needy nurses.

2. Furthered the cause of public relations by agreeing to assist the CBC prepare two television programs that were televised last winter. They dealt with pertinent questions.

3. Considered the problem of an organized program of activities for visitors from other countries.

SASKATCHEWAN

1. Revised the act to include certification of nursing assistants.

2. Planned to bring a bill before the next session of the Legislature which would make the Centralized Lecture Program a part of the general nursing education structure. The official title of the program is to be "Centralized Teaching Program for Nursing Students in Saskatchewan."

An advanced training and research program in heart disease nursing is being developed by the Division of Nursing Education of Teachers College, Columbia University, with a recent grant from the National Heart Institute of the United States Department of Health, Education and Welfare.

In announcing the project, Prof. R. Louise McManus, division director, said "we believe that nursing problems of patients with heart disease should have high priority for special study at this time. Nurses have much to contribute to the prevention of the disease — the nation's No. 1 health problem — and to care for the acutely ill."

The project is an outgrowth of three years of TC experimentation in cooperation with the institute. It represents the first attempt at developing heart disease nursing into a major clinical nursing field for graduate study.

Among the objectives of the project are to offer advanced training to experienced graduate nurses preparing for careers as teachers, supervisors, administrators, and consultants in heart disease nursing; to devise better ways to add instruction in heart disease nursing to basic general nursing courses; to show future faculty members how to develop this kind of nursing into their institutions' programs, and to make more widely known the growing knowledge of heart disease nursing.

The greatest barrier to the rapid development of heart disease control programs in nursing is the short supply of nurses with specialized knowledge of this field who can, in turn, train and supervise other nurses for such work, Mrs. McManus declared.

NURSING EDUCATION

Accreditation — What's on the Record?

FRANCES U. MCQUARRIE, B.A. SC.

Question — How long has the CNA been discussing the possibility of establishing a program of accreditation for Canadian schools of nursing?

Answer — Since 1944. At the general meeting held in Winnipeg that year a panel of members recommended accreditation as one means of assisting schools of nursing to obtain their objective of preparing nurses to meet the needs of the Canadian people.

Question — Was any action taken on this recommendation?

Answer — Yes. In 1945 the CNA Executive Committee approved the principle of accreditation and asked the Committee on Nursing Education to initiate a plan of action as quickly as possible. But, we regret to say, at the general meeting in 1946 it was felt that, as funds were limited and other projects seemed to be more urgent, further action in regard to accrediting schools of nursing could not be taken at that time.

Question — Did this discourage future activity?

Answer — Definitely not! The CNA Committee on Nursing Education, convinced of the need for such a program, was instrumental in securing, in 1948, the appointment of the "Provisional Committee on Evaluation of Schools of Nursing."

Question — Has any nursing group ever attempted to evaluate or accredit schools of nursing in Canada?

Answer — The Canadian Conference of Catholic Schools of Nursing, starting in 1946, made an intensive study of evaluation methods and carried out a field evaluation survey in selected schools of nursing.

Question — Was this study of value to the CNA?

Answer — Information was made available to the CNA Provisional Committee on Evaluation of Schools of Nursing which recommended that the CNA might be well advised to pursue a similar course. Once again, however, the recommendations were tabled because funds were not available. During 1950-52 no direct action was taken but various means were used to inform the membership about accreditation. A workshop at the 1950 Biennial meeting dealt with this subject and a series of articles appeared in *The Canadian Nurse*. Although the 1952 general meeting reendorsed the principle of accreditation, the subject remained dormant until 1955.

Question — What happened in 1955 that reawakened interest?

Answer — It was the unanimous opinion of the CNA Committee on Nursing Education, now having members from all ten provinces under the revised Bylaws of 1954, that some way must be found to make a start, at least, on a program of accreditation. At a full meeting in January 1955 it appointed a Task Committee to study ways and means of implementing a program of evaluation and accreditation. Under the chairmanship of Sister Denise Lefebvre, this Task Committee studied the principles and procedures of accreditation as applied elsewhere by the nursing profession and by other professional groups. From this study the Task Committee prepared a series of recommendations which were ac-

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Miss McQuarrie is nursing education secretary of the Canadian Nurses' Association.

cepted by both the Committee on Nursing Education and the Executive Committee earlier this year.

Question — What is the next step?

Answer — What is done from now on is up to the CNA membership. The Committee on Nursing Education, through its chairman, will report fully on progress to date at the 28th Biennial Meeting in Winnipeg. It will ask every member to give consideration, once again, to ways in which our twelve-year-old hope can become a reality. Your understanding, interest and enthusiasm is necessary if we are to undertake a program of accreditation.

L'Accréditation — Où en sommes - nous?

FRANCES U. MCQUARRIE

Question — Depuis combien de temps l'A.I.C. envisage-t-elle la possibilité d'établir un programme d'accréditation pour les écoles d'infirmières au Canada?

Réponse — Depuis 1944. Lors de l'assemblée générale de Winnipeg cette année-là, un groupe de membres constitué en jury se prononça en faveur de l'accréditation comme un moyen d'appuyer les écoles d'infirmières dans leurs efforts pour former des infirmières capable de satisfaire les besoins de la population canadienne.

Question — Une ligne de conduite quelconque a-t-elle été adoptée à la suite de cette recommendation?

Réponse — Qui. En 1945 le Comité Exécutif de l'A.I.C. a approuvé le principe de l'accréditation et a chargé le Comité de l'Education en Nursing d'établir un plan d'action aussitôt que possible. Malheureusement, en 1946, lors de l'assemblée générale on estima qu'il était impossible de poursuivre cette initiative vu qu'à cette époque les fonds disponibles étaient restreints et que d'autres projets semblaient plus pressants.

Question — Cette mesure eut-elle pour résultat de décourager toute activité future?

Réponse — Non pas! Le Comité de l'Education en Nursing de l'A.I.C., convaincu de la nécessité d'un tel programme, contribua en 1948 à la formation du "Comité provisoire d'Evaluation des Ecoles d'Infirmières."

Question — Y a-t-il jamais eu d'efforts tentés par une groupe quelconque d'infirmières pour évaluer ou accréditer les écoles d'infirmières au Canada?

Réponse — En 1946 la Conférence canadienne des Ecoles catholiques d'Infirmières fit une étude très serrée des méthodes d'évaluation et poursuivit une enquête auprès de diverses écoles choisies dans ce but.

Question — Cette étude a-t-elle été utile à l'A.I.C.?

Réponse — Le "Comité provisoire d'Evaluation des Ecoles d'Infirmières de l'A.I.C. fut mis au courant de ces travaux et il exprima l'avis que l'A.I.C. devrait tenter une expérience analogue. Cependant, ici encore, les recommendations furent ajournées faute de fonds. Aucune action directe ne fut prise au cours des années 1950-52 mais différents moyens furent employés pour renseigner les membres sur la question de l'accréditation. Le sujet fut repris par une groupe d'études lors de l'Assemblée biennale de 1950 et une série d'articles fut publiée dans la revue *l'Infirmière canadienne*. Enfin, malgré l'approbation du principe de l'accréditation renouvelée en 1952 par l'assemblée générale, le sujet resta dans l'ombre jusqu'en 1955.

Question — Qu'est-ce donc, en 1955, qui ressuscita cette vieille question?

Réponse — C'est que le Comité de l'Education en Nursing de l'A.I.C. — désormais composé de représentantes des dix provinces en vertu des règlements revisés de 1954 — exprima l'opinion unanime qu'il fallait trouver un moyen de mettre en branle *au moins* un programme d'accréditation. En janvier 1955, le Comité se réunit au complet et forma une commission spéciale pour étudier les voies et moyens de mettre en oeuvre un programme d'évaluation et d'accréditation. Sous la présidence de Soeur Denise Lefebvre, cette commission étudia les principes et les procédures de l'accréditation tels que pratiqués ailleurs par la profession du nursing et par d'autres groupements professionnels. Cette étude permit à la commission de rédiger une série de recommandations qui furent acceptées au début de cette année par le Comité de l'Education en Nursing et par le Comité Exécutif.

Question — Que reste-t-il à faire?

Mlle McQuarrie est Secrétaire de l'Education en Nursing de l'A.I.C.

Réponse — C'est aux membres de l'A.I.C. d'en décider. A la 28ième Assemblée biennale le Comité de l'Education en Nursing, par l'intermédiaire de sa présidente, soumettra un rapport complet des progrès accomplis à ce jour. Il demandera à chaque membre d'examiner encore une fois les moyens de réaliser cet espoir qui date déjà de douze longues années. Votre compréhension, votre intérêt et votre enthousiasme sont indispensables si nous voulons entreprendre un programme d'accréditation.

Expérimentation dans le Domaine de l'Education de l'Infirmière

Soeur Annette Dion, s.g.m.

Pour la première fois, le 26 janvier 1954, l'Ecole d'infirmières de l'Hôpital Maisonneuve ouvre ses portes à quarante-cinq aspirantes, désireuses de réaliser leur généreuse vocation. Depuis cette date, l'école a reçu cent seize autres candidates soumises à un programme expérimental approuvé par l'Association des Infirmières de la Province de Québec et l'Université de Montréal. En différents milieux, on se plaint du manque d'infirmières, quoique les statistiques s'accordent a démontrer que le nombre de diplômées va toujours en augmentant. On attribuerait cette pénurie aux raisons suivantes :

1. Expansion marquée dans le domaine de la santé en général, du nursing en particulier, des services sociaux et industriels ; donc, champs d'action plus nombreux pour l'infirmière.
2. Nombre croissant de patients dans les hôpitaux, grâce aux assurances-groupes et l'amélioration des facilités cliniques hospitalières.
3. Construction et agrandissement des hôpitaux.

Dans le tourbillon de la vie au XXe siècle, l'infirmière moderne se voit confier des responsabilités antérieurement réservées au médecin. L'extraordinaire évolution de la science médicale exige un nursing plus complexe et plus scientifique par le fait même un plus grand nombre d'infirmières bien préparées ; l'école d'infirmières de l'Hôpital Maisonneuve a donc sa raison d'être. Quant à l'expérimentation, rien ne s'y prête mieux qu'une institution nouvelle n'ayant aucune tradition à briser mais tout à construire. Ce n'est d'ailleurs pas la première tentative du genre au Canada si l'on juge par l'Hôpital Métropolitain de Windsor, Ont. et le Toronto Western. Les Etats-Unis aussi réalisèrent en ces dernières années de semblables expériences dans les hôpitaux du Massachusetts, Ohio, Michigan et New York. C'est cependant la première fois qu'un programme expérimental du genre est mis en exécution dans un hôpital catholique Canadien-français.

But général

Préparer des infirmières compétentes pour aider les hôpitaux généraux, sanatoriums et autres services sanitaires de la province en vue d'assurer au malade le maximum de sécurité.

Buts particuliers

1. Assurer par une surveillance adéquate une solide formation clinique aux étudiantes-infirmières.
2. Adapter le mieux possible, le programme d'études au nursing.
3. Insister fortement afin de développer chez l'étudiante le sens des responsabilités.

Moyen général

Réduire à deux ans la période destinée au cours de base et réserver la troisième année à la préparation im-

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Soeur Dion est la directrice à l'Hôpital Maisonneuve à Montréal.

médiate de l'étudiante à ses fonctions futures.

Moyens particuliers

1. *Assurer une surveillance adéquate des étudiantes au cours de leur expérience clinique.* A l'aide de monitrices en nombre suffisant, guider constamment les étudiantes dans leur pratique auprès des malades surtout durant les deux premières années.

L'hospitalière assume actuellement toute la responsabilité de cette surveillance mais il est évident que sa tâche d'administration est trop vaste pour lui permettre de s'y dévouer autant qu'elle le désire. Le fait que l'autorité de l'hospitalière en matière de surveillance soit déléguée à des personnes préparées sans lui en enlever la responsabilité lui permet de consacrer plus de temps aux problèmes administratifs. Constamment, l'étudiante doit appliquer ses connaissances théoriques à chaque malade en particulier . . . Institutrice autant qu'élève ont besoin de temps et de réflexion.

On constate souvent que le lien n'est pas assez intime entre la théorie et la pratique. Pour obtenir une meilleure corrélation, n'est-il pas nécessaire de guider sans cesse l'étudiante dans son travail auprès des malades?

Pour réaliser ce premier but, nous proposons une monitrice clinique pour quatre ou cinq étudiantes en moyenne, tenant compte que les débutantes nécessitent une surveillance à peu près constante. Les monitrices travaillent auprès des malades avec les étudiantes et leur enseignent à organiser leur activités de façon à ménager leur temps et leur énergie. Elles profitent de toutes les occasions de former leur jugement et de leur faire acquérir ou perfectionner les qualités constituant l'esprit de la profession. Ces monitrices ont le double rôle d'aider les étudiantes-infirmières et de surveiller les aides qui leur sont confiées assurant ainsi la securité du malade.

2. *Adapter le mieux possible le programme d'études au nursing en éliminant les notions qui ne sont pas purement de ce domaine.*

L'infirmière a son rôle propre, celui d'auxiliaire du médecin. Il est de la plus haute importance que ces cours soient orientés vers les connaissances qui lui permettront de demeurer dans son champ d'action, le nursing. Pour réaliser ce deuxième but nous avons:

a. Procédé à une analyse complète du contenu des matières du programme, en particulier les sciences de base.

b. Eliminé les données purement théoriques ne trouvant pas leur application dans la pratique du nursing.

c. Remplacé ces notions par des cours plus élaborés de psychologie, hygiène mentale et sociologie pour mieux comprendre la nature humaine et les différences individuelles des malades.

3. *Utiliser des moyens propres à développer chez l'étudiante le sens des responsabilités en la préparant à ses fonctions futures.*

On ne saurait trop insister sur l'importance de cette qualité chez l'infirmière, puisque des vies humaines sont entre ses mains. Le fait d'être chargée de certaines responsabilités positives ne serait-il pas favorable à ce développement?

Pour réaliser ce troisième but, le programme clinique est organisé de façon à laisser à l'étudiante, au cours de la troisième année, le soin de travailler comme chef d'équipe et de surveiller quelques élèves moins avancées. Vers la fin de cette dernière année, on permettra à l'élève de suivre des cours de surveillance hospitalière et d'enseignement clinique; elle sera également admise à collaborer avec l'hospitalière dans son travail de surveillance générale du département.

Nous espérons donner une idée du programme expérimental. Notre but comme celui de toute infirmière étant le bien du malade, nous espérons par cette nouvelle méthode d'éducation, continuer d'aider nos frères souffrants.

German investigators claim to have found a reliable and effective oral substitute for insulin. Present reports are being viewed with caution by physicians in view of previous failures. In older patients (over 40) with a diabetic history of less than 10 years and a period of insulin therapy under one year, the drug produced remarkable therapeutic results in a high percentage of cases.

— *Scope Weekly*

NURSING SERVICE

Orientation

F. LILLIAN CAMPION

THE ORIENTATION MANUAL prepared by the Canadian Nurses' Association will be available in June. It was prepared by the Committee on Institutional Nursing, 1952-1954 biennium and the Committee on Nursing Service, 1954-1956 biennium.

The manual is offered as a guide only. It is recognized that an orientation program will vary with the size and complexity of the organization. Each agency must plan a program that will meet its own needs and that can be adapted to meet the needs of individual employees.

WHY ORIENTATION?

An individual's adjustment to a new job is frequently a disturbing experience. With the increasing complexity and variations of our modern health agencies, a nurse is required to make many adaptations of her basic skills and knowledge in each new situation in which she finds herself.

The more help a person receives in making these adaptations, the more quickly she is able to function at her maximum efficiency. The greater her understanding of the over-all objectives of the agency, and of her part in the total effort, the greater will be her cooperation. The sooner she learns the techniques, policies and procedures approved by the agency, the sooner will she be able to use her own initiative in meeting the needs of those whom she serves. The fewer the frustrations she encounters, the greater the satisfaction she will have in her work and the higher the quality of service she will render.

A well-planned orientation program is essential in assisting the new nurse to gain the required knowledge and understanding and to make the necessary adaptations that will enable her to give a high quality of service with consequent personal satisfaction.

WHO BENEFITS?

1. *The individuals served by the agency:*

Whether it is the patient in the hospital, the family in the community or the worker in industry, all will benefit by receiving a higher quality of service from a worker who knows her responsibilities and duties, who is in harmony with the aims and objectives of the agency, and who feels secure in her work.

The safety of the patient is assured when an employee is made aware of possible hazards. Accidents, which may occur when a worker is uninformed, are prevented. Lives may be saved when the worker knows the equipment and measures to be used in meeting emergency situations.

2. *The employing agency:*

A well-planned orientation program is an economy measure for the employing agency. The new employee is helped to avoid mistakes which can be very costly in terms of patient safety, wastage of time and misuse of expensive equipment.

The professional skills of the nurse are utilized at a maximum level more quickly. Greater unity and cooperation between all workers is established and morale is raised. A satisfied staff results in a reduced turnover which

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Miss Campion is secretary of Nursing Service in the Canadian Nurses' Association.

means a more economical operation of the agency.

There is no better way for a health agency to establish good public relations than by giving a high quality of service through a happy and able staff.

3. *The employee:*

The employee benefits by avoiding the feeling of ineptitude, anxiety and frustration which results from lack of knowledge and understanding as she enters a new situation. She attains a feeling of security and personal satisfaction through the knowledge that she is giving a high quality of service.

THE ORIENTATION PROGRAM

There are certain essentials which should be included in any program of orientation. In addition, there are specific items that relate to a particular field of nursing and others pertaining to the individual agency within that field. The manual includes the general content of an orientation program and methods which may be used. It outlines suggestions for a program in each of three major fields — hospital nursing, generalized public health nursing and occupational health nursing. A bibliography and samples of an application form and an evaluation form are appended.

The manual on orientation may be obtained from the Canadian Nurses' Association, 270 Laurier Avenue West, Ottawa, Ontario, or your provincial nurses' association at a nominal cost.

Rheumatoid Arthritis

RITA ZIEHRAN

RHEUMATOID ARTHRITIS is an inflammatory condition of the joints that usually produces considerable stiffness and pain in the affected areas. It is a chronic disease that involves the white fibrous tissue. The cause is unknown. It has been variously attributed to some virus, to endocrine gland irregularity, to stress or worry.

Quite often persons with rheumatoid arthritis appear rundown and tired as well as being great worriers. Many have been hard workers who have had little time for relaxation. They may give a history of loss of appetite, weight loss and general debility. They give an appearance of being chronically ill.

The earliest symptom frequently is stiffness and soreness in the fingers when these patients waken in the morning. As the condition progresses other joints are affected, with severe pain being experienced when the weight-bearing joints become involved. There may be a low-grade fever. Usually, there are periods of improved health followed by repeated attacks with eventual, more or less permanent crippling. Objective symptoms may include:

1. *Joints:* Stage I. Increased periarticular tissue, increased joint fluid, local redness and heat.
   Stage II. As the inflammatory process heals, scar tissue forms which restricts joint movement.
   Stage III. Cartilage erosion, adhesions, joint fixation.
   Stage IV. Joints hopelessly fused, deformed, or even dislocated.

Joint crepitus is common. Unlike degenerative arthritis limitation of motion is due to bony ankylosis rather than bony deformity.

When deformity of the hands occurs, the distal phalanges are hyperextended and the proximal ones are flexed with a resulting ulnar deflection of the fingers. The skin covering the fingertips is thin, pale, smooth and shiny. The nails are rough and brittle.

2. *Muscles:* Because of joint flexion, muscle spasm and acute inflammation

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Miss Ziehran is a senior student at the University of Alberta Hospital, Edmonton. She won the second prize in the contest sponsored by the Macmillan Company of Canada Ltd.

frequently occur. There is a risk of disuse atrophy because of the neuralgic type of pain associated with movement.

3. *Sedimentation rate* is usually elevated over 30. This is an index of the tissue destruction and chronic inflammation.

4. *Systemic symptoms:* Decrease in subcutaneous fat. There may be a degree of anemia as well as evidence of vitamin deficiency. Splenic enlargement or pleural effusion may occur.

Complete rest, mental as well as physical, *but not vegetation,* is essential in the treatment of rheumatoid arthritis. The diet should be high protein, high vitamin and adequate in calories to build these patients up to their optimum weight. Care must be taken, of course, that they do not continue to gain to the point that they are overweight since this puts an extra strain on the joints.

The subject of my study, Mrs. Ball, is a 52-year old woman who has had arthritis for the past 15 years. It started in her right shoulder and arm then progressed to her right knee which became very swollen and painful. Soon, it moved into her other knee and eventually all the smaller joints became involved also. She has been unable to walk around very much for many years because of the pain in her knees and ankles which were very swollen and tender when she was admitted. Movement was exceedingly restricted in both wrists and the right elbow could not be straightened beyond a 30° angle. Mrs. Ball's standing and walking posture were very poor. She had extreme difficulty getting up from a chair unless her head was pushed forward below the level of her knees. Somehow she had learned to balance herself in this position. As well as her arthritis Mrs. Ball was troubled with poor eyesight. When she came to the hospital she appeared to be quite depressed mentally.

X-rays revealed that her chest, heart and lungs were normal. The x-ray of her shoulders showed that there was an extensive marginal erosion of the articular surface of the upper end of the humerus. There was general osteoporosis, most marked in the periarticular region.

The urinalysis report was within normal limits excepting for cloudiness that was probably due to the presence of crystals and protein trace. The latter may indicate some renal damage. It was advised that Mrs. Ball should be given plenty of fluid to prevent renal calculi formation. The hematology picture indicated she was slightly anemic — 80%, 11.6 gm. The polymorphonuclear neutrophil count was slightly above normal — 71%. Her sedimentation rate was 36 mm./hr.

Mrs. Ball's appetite was not particularly good when she came to the hospital. To encourage her to eat she was given an "as desired" diet, carefully prepared and attractively served. Soon she was eating much more satisfactorily. An iron preparation and special vitamin capsules were given as well as adequate quantities of fruits and vegetables. Spices, condiments, concentrated sweets, fried foods and pastry were restricted.

Pain was alleviated by rubbing the joints with oil of wintergreen, the use of analgesics and sometimes hot water bottles. Acetylsalicylic acid with codeine grains half, two tablets every four hours, as needed, helped to ease the pain in the acute stage of the disease. Extreme care must be exercised in giving narcotics to arthritic patients and their use should be avoided as much as possible. Arthritis is a long-term illness and addiction may result from the casual use of narcotics. Sodium salicylate, gr. x q.i.d., was given as an analgesic and antipyritic. A constant watch must be kept for untoward reactions, in the administration of this drug. Such symptoms as ringing in the ears, dizziness, disturbances of hearing and vision, increased perspiration, nausea, vomiting, diarrhea and lowered prothrombin time, may occur.

Intramuscular injections of a new treatment — Lauron — were administered to Mrs. Ball. This is a gold preparation. It is believed to arrest the inflammatory process though it does not repair damaged bone or cartilage. Contraindications to its use are pregnancy and nephritis. Being a heavy metal, it could be extremely toxic. "B.A.L." is the preferred treatment for such metal poisoning. However, with Lauron most of the reactions are mild and transient, such as, dermatitis, albuminuria, soreness of the mouth and agranulocytosis.

British Anti-Lewisite (2, 3 - dimercaptopropanol) has detoxifying properties for certain heavy metal poisonings. It was developed initially as an anti-gas warfare agent. It rapidly combines with the metal ion and effectively binds it *in vivo,* rendering it harmless until it is eliminated from the body. It is a viscous, oily liquid and is administered intramuscularly in a 10 per cent solution in peanut oil and benzyl benzoate. The usual dosage is 2.5 — 3 mg. per kilogram of body weight. The toxicity is transitory. For the more severe side effects of B.A.L. the barbiturates are a good antidote. It is effective for arsenic, bismuth, mercury and gold poisoning.

Tolerance to the gold injections is checked by a weekly urinalysis and a bi-weekly white blood count. Progress is shown by checking the sedimentation rate and the hemoglobin every three weeks.

PHYSIOTHERAPY

Physical medicine is the science dealing with the treatment of disease by physical agents such as light, heat, cold, water, electricity, massage, and mechanical agents. The principles of physical therapy applicable in the treatment of rheumatoid arthritis include:

> Maintenance of maximum range of movement. Performance of full range movement slowly, once daily, will insure preservation of mobility. This should be done in the late morning or early afternoon before pain and fatigue set in. Before this treatment is started heat treatment and an analgesic are given. Pain produces muscle spasm which in turn produces more pain. The heat treatment reduces the spasm and the analgesic controls the pain.
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> Physiotherapy treatments are given only once a day to prevent stress and strain. All the possible movements of every affected joint should be taught, for example, in wrist exercise not only flexion and extension but also radial and ulnar deviation, pronation and supination must be included. The formation of joint adhesions will be prevented in this way.
>
> Muscle building exercises are essential. To perform adequately and accurately in fulfilling their function of joint movement responsive muscles under good voluntary control are necessary.
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> The correction of existing deformities and the prevention of new ones is a vital part of the physiotherapy program. Every effort is made to restore the joints to their most useful position. So far as possible weight-bearing joints are given a rest though they are not allowed to become inactive.

Physiotherapy had an important part to play in restoring Mrs. Ball to activity. On the ward she was encouraged to walk about with the aid of her crutches. Improved posture of all of her limbs was sought.To this end, sandbags were placed parallel to her knees at night to prevent outward rotation of her hips.

In the physiotherapy department she had steam baths each morning followed by massage. In the afternoons paraffin baths were provided for both hands. Very slowly but surely there was improvement. Her knees could be extended more, she suffered less pain, she became more cooperative, her posture was much better. After three months of hospitalization and physiotherapy Mrs. Ball was able to hand-operate a wheelchair.

NURSING CARE

Conscientious care, extreme gentleness and patience are essential in looking after arthritic sufferers. Getting them up out of bed is very essential. Mrs. Ball was placed in a chair frequently with her shoulders and elbows well supported by pillows. The periods were kept short at first as over-fatigue increases pain and discomfort even if strain is avoided.

Correct posturing in bed to prevent and improve deformities is of vital importance. Place the limbs so that the joints are in the most useful positions. Use a foot board to prevent footdrop and make sure that the feet are against the board. If the patient is very short, a butter box or block should be used to bring the support within reach of her feet. Never place a pillow under the knees since this tends to increase a flexion deformity. Pillows placed behind the lower half of the calves and heels helps the weight of the legs to straighten an existing flexion deformity in the knees. Shift the legs off the pillows periodically to relieve posterior knee pain. External rotation of the hips is prevented by using sandbags. Flexion deformity of the hips is caused by lying supine too much of the time. Frequently place the patient in the prone position (face down with feet over the end of the mattress and resting against the foot board to prevent rotation of the feet and hips). When the patient is lying prone, keep the shoulders well padded. Always have a fracture board on the bed and a firm, non-sagging mattress.

Temperature, pulse and respirations should be recorded every four hours during the acute stage of the illness or as long as the temperature remains elevated.

Good routine nursing care should always be insisted upon including: skin and back care to prevent bedsores — adequate morning and afternoon care. Bony prominences should be rubbed with alcohol and kept well padded. A daily bath is refreshing especially if the patient can negotiate getting into and out of the tub. Good oral hygiene is essential. The patient should be assisted to comb and set her hair, to tie her shoe laces, to get her arms into a dressing-gown. Use care and gentleness whenever any of the painful joints have to be moved.

Teaching an Arthritic

Though every school child is taught general health habits, it is frequently necessary to repeat them for older persons especially when they are ill. Mrs. Ball was instructed to wear her new glasses at all times for reading and to be sure she was in a good light. The correct bed postures to prevent deformities were demonstrated and emphasized. Information about arthritis was given. She was made to realize that recovery is a long-term proposition and not an overnight miracle. She was warned of the factors that might cause a recurrence of the acute stage: over-fatigue, infection in the nose and throat, insufficient rest, exposure to cold and dampness.

In preparation for her discharge from hospital, simple methods of applying heat at home were taught. The importance of maintaining good posture and having a firm, non-sagging mattress on her bed was stressed. Since she would be limited to her crutches or wheelchair, for the time being, she was instructed how to move around on or in each. The necessity of keeping her crutches in good repair, especially the rubber suction cups, was stressed. Living accommodation on the first floor of a new home was found for her so she could more readily get outside.

Mental State

Mrs. Ball was very bitter and depressed when she first came to hospital. Her husband had deserted her ten years previously. During all those years she had had no occupation, no hobbies, no home, no money. Being almost completely dependent on charitable organizations she felt neglected and had little desire to live. She was discouraged over her slow progress and frequently wept. She needed a great deal of encouragement and reassurance. Her spirits gradually improved in the cheerful and friendly atmosphere of the ward. Her bed was moved occasionally to overcome her irritability with other patients who wanted to listen to their radios.

Financial assistance from the Arthritic Clinic paid for the gold injections that started her on the road to a degree of recovery. The hospital's social worker located her sister who began to show Mrs. Ball small attentions and eventually offered her a place to live. Mrs. Ball enjoyed concerts and shows that were provided occasionally in the hospital auditorium. She became interested in sewing felt animals, thereby securing a hobby and an opportunity for much-needed exercise. All of these activities greatly improved her morale and speeded her recovery.

Prognosis

The prognosis for patients with rheumatoid arthritis varies. Less than one-quarter recover completely; half of them can be greatly improved with treatment; the remainder become progressively worse. Most patients experience periodic flareups which usually subside gradually. A great majority of cases can be helped to the extent of preventing major deformities.

It is well known that a patient's pain threshold varies with her personality. A pessimistic attitude, worry, a feeling of insecurity tend to increase pain; understanding, encouragement and reassurance help to reduce it. As Mrs. Ball's mental state improved, her response to the treatments and especially the physiotherapy released her from a great deal of her suffering.

Post-Hospital Care

Before she was discharged from the hospital arrangements were made with the public health nursing services in the community to anticipate her difficulties in adjustment, to provide the necessary home care and to continue the emotional reassurance she had been receiving. When she came to the hospital for physiotherapy she looked like a different person. Her posture was much improved. Her whole outlook on life had changed. She knew she was progressing and gradually she began to radiate a wholly new cheerfulness.

A tremendous sense of satisfaction and achievement results from nursing these patients and seeing our combined efforts yield a human being who can once again live a reasonably normal life and who faces the future without a desire to escape from reality, who is rid of the feeling of being unwanted.

In Memoriam

Eva Coleman, a graduate of St. Joseph's Hospital, London, Ont., died at St. Thomas, Ont. on February 24, 1956 after a long illness. Miss Coleman nursed in London for several years.

* * *

Ann Elizabeth Delves, who died at Winnipeg on March 2, 1956, at the age of 62, served as a nursing sister during World War I and worked at the Winnipeg Municipal Hospital during the polio epidemic.

* * *

Robena (Williams) Glass, who was superintendent of the Charlotte Englehart Hospital, Petrolia, Ont., for 12 years, died there on February 29, 1956, after a lengthy illness. Mrs. Glass was a graduate of a Regina Hospital.

* * *

Bernice Good, who graduated from Holy Cross Hospital, Calgary in 1923, died recently.

* * *

Vera (McMullin) Monan, who graduated in 1930 from St. Michael's Hospital, Toronto, died in February, 1956. Mrs. Monan engaged in private nursing for some time then joined the staff of the Rehabilitation Hospital at Malton, Ont.

* * *

Ethel (Boultbee) Rose, A.R.R.C., who graduated from Vancouver General Hospital in 1913, died at Vancouver on March 5, 1956. Mrs. Rose was decorated for her services overseas during World War I. On her return home, she engaged in social work at V.G.H. for some years.

* * *

Hattie May (Drake) Scott, who graduated from Prince Edward Island Hospital, Charlottetown, in 1913, died in Oregon during January, 1956.

* * *

Estella (Beck) Townsend, who graduated in 1927 from Holy Cross Hospital, Calgary, died in February, 1956. Following graduation, Mrs. Townsend worked at High River and Alsask.

* * *

Wanda (Hooper) Watson, who graduated from St. Paul's Hospital, Vancouver, in 1921 died at Victoria on March 20, 1956, at the age of 58, after a long illness. Mrs. Watson retired in 1951, after serving as matron of Premier Mines Hospital for 15 years.

* * *

Ida Clara Welbourn, who graduated from the Children's Hospital, Winnipeg, in 1919, died at her home near Peterborough, England, on January 25, 1956. Miss Welbourn engaged in staff nursing at the Children's Hospital, Los Angeles, for 24 years then served as the night supervisor until her retirement in April, 1955, when she went to England to live.

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To service the requirements of users in Saskatchewan and Alberta special arrangements have been made with the Central Alberta Dairy Pool at Red Deer, Alta. to produce FARMER'S WIFE by the exclusive Cow & Gate process under the supervision of our own technicians.

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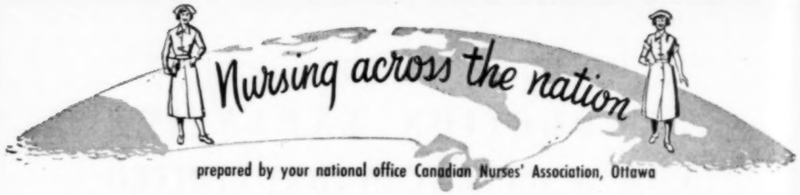


Nursing across the nation

prepared by your national office Canadian Nurses' Association, Ottawa

Civil Defence College, Arnprior

Seventy-four nurses from across Canada participated in a week's course last March, bringing them up-to-date with the newer aspects of atomic warfare. For the most part representing schools of nursing, this group completed the series of courses designed to assist nursing educators in the teaching of civil defence nursing in the basic curriculum.

The impression left was, on the whole, one of optimism —that there is a possibility of evacuation being carried out — that it will be successful, provided we prepare now.

The best preparation is one of preparedness for *natural* disasters which may occur at any time anywhere in Canada. If a systematic, intelligent plan is developed now — whereby all existing facilities are put into action at a moment's notice — precious time and personnel will not be wasted in time of disaster.

That we as nurses will have a special role to play in disaster is evident, that this role will help us to adjust to difficult situations is consoling. That civil defence is merely an extension of existing community facilities makes one realize how a little advanced thinking and planning, real understanding and a desire to preserve our way of life will go far in developing a state of constant preparedness.

Nurses can do much, not only among their own groups, in promoting awareness of the prime need of today — to be prepared — but among all members of the community. Leadership in its strongest sense will be expected of the nurse in disaster — leadership is expected of her today — let us fulfill our obligation.

Public Relations in Action

Tribute should here be paid to the staff and lecturers at the Civil Defence College for their kindness to and interest in the welfare of visitors to the college. Over and over again the nurses were heard to comment on the helpfulness of all staff members. Truly, one's wish was their command.

One left this course with the feeling that those responsible for preparing Canadians to face possible mass disaster are firmly convinced of what they teach. The importance is transmitted to their students, developing in each a responsibility to support civil defence planning in each and every Canadian community.

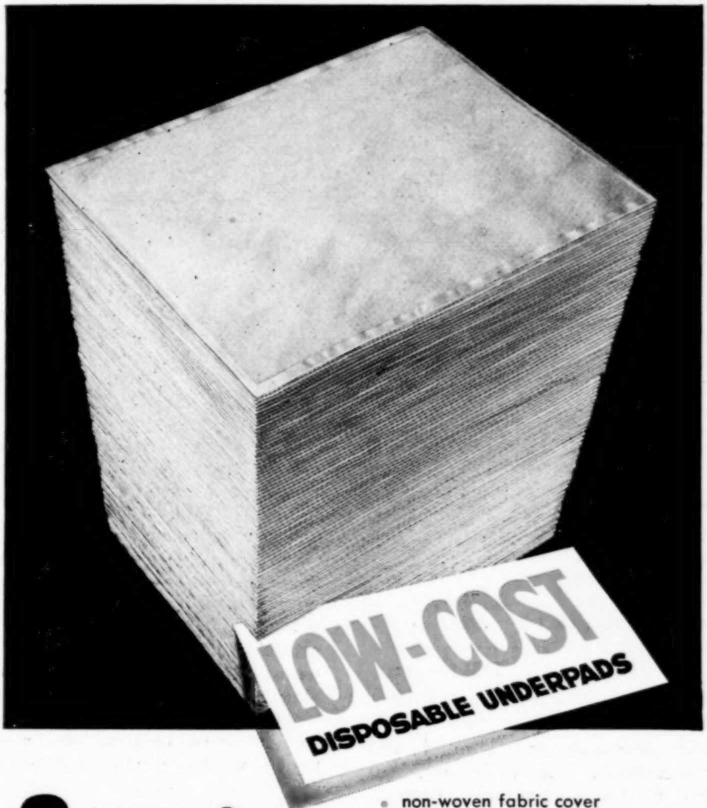
Keeping You Informed

Have you ever wondered in between Biennial Meetings just what the Committee on Nursing Education was doing? We plan to keep you posted more frequently than in the past. From time to time the secretary of this national committee will be reporting on interesting projects under way, on what the committee feels on certain aspects of nursing education and what it plans to do in the future. We cannot start this month for the obvious reason that the Biennial is upon us, but watch for future articles.

What One University Women's Club is Doing

National Office has been pleased to assist the "Status of Women" group of the Ottawa University Women's Club. Having read several recent press releases from the Canadian Nurses' Association stressing the need for more financial independence for schools of nursing by means of government support, this group has been closely examining the problem.

They have come to us for information about the amount of money now being given to basic nursing education,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the pros and cons of making schools of nursing more independent of the service needs of hospitals, and how public money could actually be used for this latter purpose. They feel that this is a project which could be taken up effectively by other clubs across Canada because nursing education must be dealt with provincially. What an asset it would be to nursing to have a powerful group of women in each province working with us towards making nursing education truly educational!

Professional Training Grants

In preparation for a Dominion-Provincial conference, the Department of National Health and Welfare made a summary of Professional Training Grants given under the National Health Program from 1948 to 1955. The grand total of health personnel trained under all grants from May 1, 1948 to March 31, 1955, was 9,350. Of this group 3,772 were registered nurses who received postbasic training as follows:

Public Health Nursing	1,293
Teaching and Supervision	809
Psychiatric Nursing	261
Pediatric Nursing	24
Staff (through short courses)	1,171
Others (Institutes, etc.)	293
	3,851 (courses)

In addition, 1,263 nursing assistants were trained.

These bursaries are allotted and administered by the provinces, but financed by the Federal Government. In most cases the only condition attached to the bursary is that the recipients return to their own province and give at least one year's service for each year of study.

Some Recent Readings

Hospitals are becoming increasingly aware of the need for an in-service education program as a means of improving service by stimulating the interest and growth of the worker. Two items of interest to those concerned with the development of in-service education have been received in National Office recently. One is a report of "A Hospital In-Service Educational Training Program" which was developed by the Educational Department of the hospital with the aid of the Community Services in Adult Education.[1]

The report describes the development of this program, gives an evaluation and offers helpful suggestions to those interested in a similar undertaking.

The second item is "Hospital Adult Education" — a handbook prepared by the writer of the above report.[2] The handbook presents a "step-by-step guide to aid in developing and accomplishing a type of hospital in-service program which has, to a large extent, succeeded."

All nurses concerned with total and continuing nursing care will be interested in a book titled "Hospital and Community."[3] This is a report of a study of an unselected group of male patients treated in acute medical units of four hospitals in Scotland. The study considered the circumstances of their illness, the results of the treatment, and how the patients fared after they left the hospital. In the preface, the authors state:

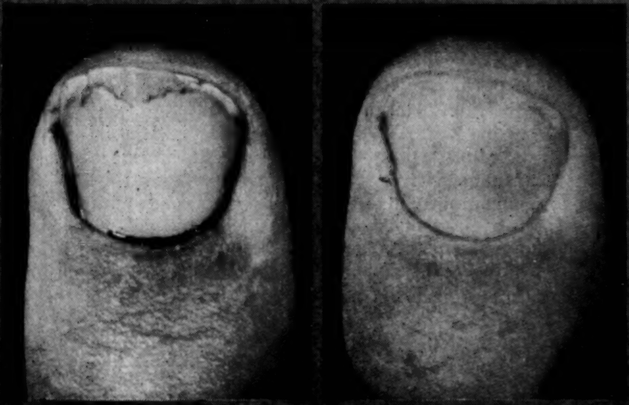
> Within the limitations imposed by the severity of an illness, the permanence of benefit derived from hospital treatment depends largely on the nature of conditions at home and at work, to which the patient returns on leaving hospital. It seems clear that further breakdown is sometimes precipitated by the transition — often sudden and dramatic — from the protective care of the modern medical ward to spartan conditions outside. Hospital treatment is usually only an episode in the general care of the patient; and the health services cannot stand in isolation from other social services.

---

1 "A Hospital In-Service Educational Program" — a report of the program at Veterans Administration Hospital of Indianapolis, October 1952 to June 1953. Observed and Reported by Russell E. Vance, Jr., field consultant and instructor in adult education and published by the Community Services in Adult Education, 1804 East Tenth Street, Bloomington, Indiana.

2 "Hospital Adult Education" by Russell E. Vance, Jr., and published

KNOX Protein Previews



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Optimal dosage proved to be one envelope (7 grams) of Knox Gelatine administered daily for three months. Improvement, however, was noted after the first month.

---

1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* **19**: 171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* **14**:323, May 1950.

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Please send me a reprint of the article by Rosenberg and Oster with illustrated color brochure.

YOUR NAME AND ADDRESS

by the Community Services in Adult Education.

3 "Hospital and Community" by T. Ferguson, professor of public health, University of Glasgow, and A. N. MacPhail, lecturer in public health, University of Glasgow, published for the Nuffield Provincial Hospitals Trust by Geoffrey Cumberlege, Oxford University Press.

"I Am A Nurse"

We were privileged recently, during the visit of Miss Mavis Avery, general secretary, Royal Australian Nursing Federation, to view the Australian nursing film "I Am A Nurse." Running for eleven minutes, this film prepared four years ago portrays in a very simple and meaningful manner the experiences of a student nurse. Designed as a recruitment film and prepared by one of the state governments, it has had wide distribution throughout Australia.

Another film is now being planned by that government which will deal with the opportunities open to nurses upon graduation.

Packing Your Bags?

By now, many of you will be doing some last minute shopping, dusting off your bags and preparing to pack up for your trip to Winnipeg and the 28th Biennial Meeting.

Much thought and planning has gone on in an effort to make this meeting a truly professional experience. Speakers have been invited from various fields so that the best thought and knowledge may be drawn upon as nursing considers its responsibilities in serving our nation.

An active and truly ingenious Arrangements Committee in Manitoba, working with our co-hostesses in Saskatchewan, has planned diligently to make our visit to Winnipeg a memorable one.

Bon Voyage to all who are convention-bound and we'll be seeing you!

Le Nursing à travers le pays

Collège de la Défense civile d'Arnprior

Soixante-quatorze infirmières venues de toutes les parties du Canada participèrent, en mars dernier, à un cours d'une semaine sur les aspects de la guerre atomique. La plupart des participantes étaient des institutrices venues compléter les cours déjà reçus afin d'être en mesure d'introduire le nursing de la défense civile dans le programme du cours de base.

L'impression générale en fut une d'optimisme — l'évacuation d'un grand nombre de personnes peut se faire avec succès, pourvu que nous nous y préparions dès maintenant.

La meilleure préparation consiste à être toujours en état de faire face aux désastres naturels qui pourraient survenir en tout temps et n'importe où, au Canada. Si l'on élabore un plan systématique au moyen duquel toutes les ressources peuvent être mises en disponibilité à un moment d'avis, il en résultera un emploi judicieux du personnel et du temps, eléments précieux en cas de désastre.

De toute évidence, les infirmières auront un rôle spécial à jouer en cas de désastre, rôle dont l'importance est incontestable. La défense civile n'est en somme que l'extension des ressources qu'offre la communauté; un peu de prévoyance, des plans arrêtés à l'avance, un désir véritable de conserver ce que nous avons, sont suffisants pour nous inculquer le désir de nous tenir dans un état constant de préparation.

Les infirmières peuvent faire beaucoup pour convaincre non seulement leurs compagnes mais tous les membres de la société de la nécessité d'être prêts, en tout temps. Les infirmières, en cas de désastre, seront des chefs dans le vrai sens du mot; aujourd'hui on a besoin d'elles comme guides; efforçons-nous de remplir nos obligations.

Les relations extérieures à l'oeuvre

La bonté et l'intérêt manifestés par le personnel et les conférenciers du Collège de la Défense civile à l'égard des visiteurs du collège méritent d'être mentionnés. A maintes reprises l'on a entendu de la part des

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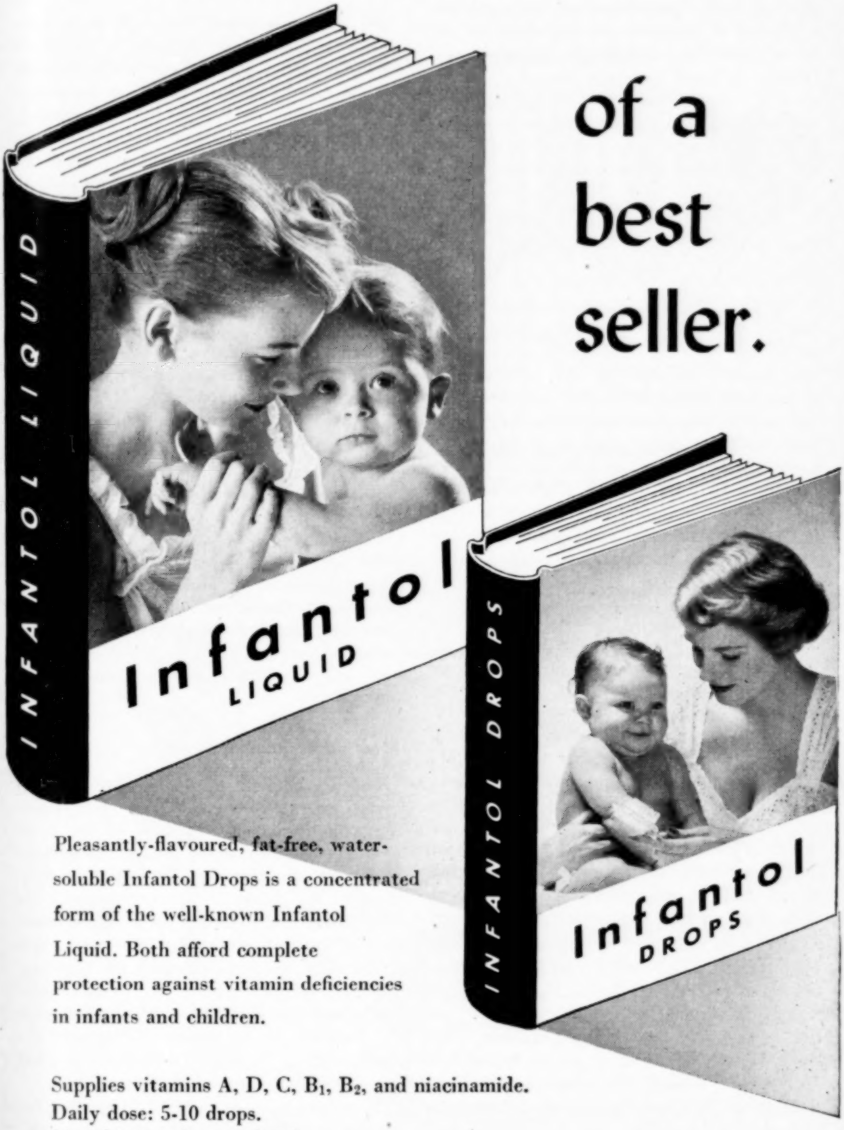
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15 and 30 cc. dropper bottles.

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infirmières des remarques très obligeantes sur la collaboration bienveillante de tous les membres du personnel. Vraiment, nos désirs étaient des ordres.

En quittant le collège, à la fin du cours, chacune avait l'impression que ceux qui ont la charge de préparer les Canadiens en cas de désastre sont absolument convaincus de l'utilité de leur enseignement. Cette conviction est communiquée à leurs élèves, inculquant à chacune un sens de responsabilité envers la défense civile et le désir de collaborer à son organisation où que ce soit au Canada.

Pour vous renseigner

Vous êtes-vous déjà demandé ce que fait le Comité de l'Education en Nursing en dehors du Congrès biennal? Nous nous proposons de vous renseigner, à ce sujet, plus souvent qu'autrefois. La secrétaire de ce comité national fera, de temps à autres, un rapport sur les projets en cours, sur l'opinion du Comité concernant tel ou tel aspect de l'éducation en nursing ou sur les projets futurs. Ce mois-ci, il est impossible de vous en dire davantage parce que déjà il faut nous occuper du Congrès Biennal, mais, surveillez les articles à venir.

Ce qu'a fait le "University Women's Club," d'Ottawa

Le secrétariat national a été heureux de renseigner un groupe de "l'University Women's Club" qui s'intéresse particulièrement au "Statut de la Femme." Ayant lu dans les journaux plusieurs communiqués publiés par l'Association des Infirmières Canadiennes sur la nécessité d'une plus grande indépendance financière pour les écoles d'infirmières, et sur l'aide indispensable des gouvernements pour arriver à cette fin, ce club de femmes s'intéressa vivement à ce problème qu'il étudia très attentivement.

L'on nous demanda des informations sur les argents actuellement versés pour l'enseignement de base donné par les écoles d'infirmières, sur les points en faveur et contre une plus grande indépendance pour les écoles d'infirmières et sur la façon dont les deniers publics pourraient être utilisés à cette fin. Les membres de ce club croient que cette question pourrait être étudiée par d'autres groupes à travers le pays parce que la question d'éducation des infirmières est du domaine provincial. Quel avantage ce serait pour la profession d'infirmière si un groupe important de femmes, dans chaque province, travaillait avec nous, à faire de la formation des infirmières une véritable question d'éducation!

Octrois pour la formation professionnelle

En vue de la conférence fédérale-provinciale, le Ministère de la Santé et du Bien-Etre national a fait un relevé des bourses d'études accordées en vue de la formation professionnelle, de 1948 à 1955. Le nombre total de personnes ayant bénéficié de ces octrois a été de 9,350, du 1 mai 1948 au 1 mars 1955. De ce nombre, 3,772 infirmières ont suivi des cours post-scolaires; en voici le détail:

Hygiène publique	1293
Enseignement et surveillance	809
Psychiatrie	261
Pédiatrie	24
Divers (de courtes durées donnés au personnel)	1171
Autres (conférences, etc.)	293
	3851 (cours)

En plus, 1,263 auxiliaires en nursing furent formées.

Ces bourses sont accordées et administrées par les provinces mais financées par le gouvernement fédéral. Dans la majorité des cas, la bourse est accordée à la seule condition que l'infirmière revienne dans sa province pour y faire une année de service, une fois ses études de perfectionnement terminées.

Nous avons lu récemment...

Les hôpitaux se rendent de plus en plus compte de la nécessité d'un programme d'éducation en cours d'emploi, en faveur de leur personnel, comme moyen d'améliorer le service, en stimulant l'intérêt et en élargissant le champ des connaissances de l'infirmière. Nous avons reçu dernièrement au secrétariat le rapport du programme d'éducation, en cours d'emploi, du personnel d'un hôpital; ce rapport fut préparé conjointement par le département de l'éducation de l'hôpital et la société d'éducation des adultes de la localité. La rapport contient des suggestions intéressantes.

Nous avons aussi reçu "L'Education des adultes à l'Hôpital," manuel préparé par l'auteur du rapport déjà cité. Ce manuel est un guide qui décrit, degré par degré, les moyens à prendre pour établir un programme d'éducation du personnel, en cours d'emploi.

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COMFORTABLE —physically and psychologically

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Les infirmières aimeront aussi à lire l'ouvrage intitulé "Hospital and Community"; c'est le rapport d'une étude concernant des malades, pris au hasard, dans quatre hôpitaux d'Ecosse. Ces hommes ont tous été traités pour maladies aiguës. L'auteur fait remarquer que les bénéfices retirés par le malade, de son séjour à l'hôpital sont souvent amoindris lors de son retour chez lui et à son travail. La transition est parfois très marquée: de l'hôpital où le malade se sent constamment protégé, à la maison ou un régime spartiate l'attend parfois. Les soins à l'hôpital ne sont qu'un épisode des soins généraux dont le malade a besoin et auxquels les services de santé devraient contribuer.

Je suis infirmière!

Durant la visite de Mlle M. Avery, secrétaire générale de la Fédération Royale des Infirmières d'Australie, nous avons eu le privilège de voir le film: "I am a Nurse." Durant 11 minutes, la vie d'une étudiante infirmière se déroule tout simplement sous nos yeux. Ce film a été préparé par le gouvernement d'un état d'Australie pour fins de recrutement et a été largement distribué dans tout le pays. Un autre film sur les carrières ouvertes à l'infirmière diplômée est en voie de préparation, sous les auspices du même gouvernement.

Vos malles sont-elles faites?

Vous devez être sur le point de faire vos dernières emplettes, d'épousseter vos sacs de voyage et de vous préparer pour le 28ième Congrès biennal.

Rien n'a été épargné pour faire de ce congrès une expérience vraiment éducative. Des conférenciers intéressants ont été invités; puissent les connaissances et les opinions qu'ils nous exposeront dans les divers domaines de la profession être une inspiration pour celles qui considèrent le nursing comme leur responsabilité envers la population canadienne que nous sommes appelées à servir.

Les infirmières du Manitoba, aidées de celles de Saskatchewan ont travaillé de concert à rendre cette visite mémorable.

Bon voyage aux congressistes!

Sélection

Importance du dosage ingéré et excrété

L'importance des mécanismes qui servent à la préservation du milieu intérieur est connue depuis longtemps. Toutefois, durant ces deux dernières années, grâce aux efforts combinés des biochimistes, des physiologistes, des pédiatres, des chirurgiens et des internistes, nous possédons une meilleure compréhension du métabolisme de l'eau et des électrolytes. L'application de ces connaissances a permis de grandes innovations en médecine clinique et en chirurgie au point de prévenir certaines mortalités, autrefois inexpliquées.

Conventionnellement, nous séparons les fluides du corps en deux parties: les fluides qui sont dans les cellules et les fluides qui sont en dehors des cellules, en d'autres termes: en liquides intracellulaires et en liquides extracellulaires. D'autre part, ce liquide extracellulaire se subdivise en liquide interstitiel, c'est-à-dire le liquide où baignent les cellules et en liquide intravasculaire, c'est-à-dire le plasma.

Ces liquides in toto représentent 70 pour cent du poids d'un individu. La répartition pour les différentes catégories est la suivante:

Liquide intracellulaire:	50%
Liquide extracellulaire:	
1) interstitiel:	15%
2) intravasculaire:	5%

Ces fluides du corps ne sont pas composés d'eau seulement. Ce sont des solutions complexes contenant des sels, des constituants organiques et des protéines. Le volume normal et la composition de ces fluides sont maintenus chez l'individu sain comme chez l'individu malade par de nombreux mécanismes: les forces osmotiques, l'activité métabolique cellulaire, les glandes surrénales et le lobe postérieur de l'hypophyse, les reins, les systèmes cardiovasculaire, respiratoire et gastrointestinal.

Ces facteurs contribuent à la régulation homéostatique de l'équilibre aqueux et électrolytique; le rein toutefois, demeure l'organe le plus important et c'est grâce à ses réajustements que les altérations des fluides du corps peuvent être corrigés.

Pour avoir une connaissance exacte de la balance aqueuse et électrolytique d'un individu, il faudrait faire appel à des examens

New pediatric findings[1] show
Baby's Own Tablets
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"even for babies as young as two months"

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Extensive newly completed studies verify the outstanding safety record and the efficiency of BABY'S OWN TABLETS. Patients ranged in age from 2 months to 24 months.

One large group of infants suffered constipation, another group intestinal disturbances and malaise, coincident with teething.

The result from the studies were as follows . . .

ALL CONSTIPATED BABIES were relieved with complete easing of straining at stool, gas discomfort, restlessness and crankiness.

ALL TEETHING BABIES suffering concomitant gastrointestinal disturbances and malaise were relieved except one. Disturbed sleep, restlessness, crankiness were relieved as well as anorexia and constipation when present.

EMINENTLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction; no cutaneous eruptions or other allergic manifestations, no petechiae, no rise in rectal temperature, no alteration in cardiac and respiratory function, no vomiting or diarrhea, no oliguria, no albuminuria. No significant changes were observed in weight, growth, development or hemoglobin before and after the period of medication."

Pleasant, convenient BABY'S OWN TABLETS provide Phenolphthalein $\frac{3}{16}$ grain, mildly buffered with Precipitated Calcium Carbonate $\frac{1}{2}$ grain, and Powdered Sugar q.s.

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longs et compliqués qui réellement sont incompatibles avec l'urgence que présente fréquemment la clinique. Il nous faut alors recourir à des moyens plus rapides qui, quoique moins précis, son suffisamment élaborés pour permettre une thérapeutique efficace. Ces moyens, vous les connaissez :

1. *Le sens clinique du médecin:* c'est évidemment d'une importance capitale. Le médecin doit connaitre les différentes variations de l'équilibre aqueux et électroliques vis-à-vis des différents états pathologiques avant de prescrire les solutés variés.

2. *Le dosage ingéré et excrété:* c'est un moyen simple, peut-être même vulgaire mais c'est un indice sûr. Il faut connaître ce qu'un malade absorbe et excrète chaque jour avant de procéder au remplacement. Certains états pathologiques comme l'aspiration au Wangensteen, les diarrhées profuses, les vomissements abondants et répétés, les occlusions intestinales, les hémorragies de toutes sortes, les états de choc tout particulièrement chez les brûlés, l'administration de diurétiques et plusieurs autres amènent des perturbations aqueuses et électrolytiques d'une importance extrême. Ce déséquilibre doit être corrigé promptement sinon l'individu s'achemine fréquemment vers la mort. La balance ingérée et excrétée servira alors de guide pour calculer la quantité de liquide à administrer.

3. *Le dosage biochimique des différents électrolytes:* sodium, potassium et calcium sanguin, chlorures plasmatiques, réserve alcaline, protéines totales et fractionnées . . . aidera le clinicien à prescrire le soluté électrolytique approprié.

Le rôle de l'infirmière est donc important dans la réhydratation des malades autant par sa contribution à enregistrer rigoureusement les ingestas et les excretas qu'à bien voir à ce que la quantité des liquides soit donnée sur une période de 24 heures. Il est inutile de procéder adéquatement à une réhydratation si cette règle simple n'est pas observée.

Cet article ne constitue qu'une esquisse du problème de l'équilibre aqueux et électrolytique. Notre seul but était de vous montrer la part active que vous jouez dans le traitement.

— par le docteur Guy Germain
dans "Prisme" — Journal de l'école
de l'hôpital Notre-Dame, Montréal.

A Memorial to Marion Lindeburgh

Just over a year has gone by since Canada lost one of her most admired and beloved nursing leaders. The death of Marion Lindeburgh at Victoria in March, 1955, brought to a close the distinguished career of a woman who is enshrined in the hearts and memories of countless nurses.

The nursing profession can record with pride her many contributions — the teaching that inspired hundreds of students, the wise and thoughtful counselling, the production of a curriculum for schools of nursing and the discharging of high offices with sincerity and purpose. Yet, a major part of Miss Lindeburgh's contribution to nursing can only be recorded in the hearts of people who knew her, for much of her greatness consisted of innumerable acts of loving kindness on behalf of friends, colleagues and students. Her life was dedicated to helping others and to what she termed "the grand profession."

Since Miss Lindeburgh's death many nurses across Canada have expressed the hope that a fitting memorial might be created to honor this distinguished leader whose contribution to nursing has been so outstanding. What form such a memorial should take has been the subject of many discussions over the last twelve months. The general

Marion Lindeburgh

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By IRA L. FERGUSON, Ph.D., Professor of Education and Hygiene, School of Education, Tuskegee Institute and ELIZABETH S. FERGUSON, B.A., Instructor of the Mathematics of Drugs and Solutions, School of Nursing, Tuskegee Institute. About 150 pages 8½" x 11", illustrated. *New — Ready June 1956!*

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consensus seemed to be that Miss Lindeburgh would best be remembered through the establishment of a fund designed to promote what she herself worked so tirelessly to encourage — the education of nurses.

While Miss Lindeburgh's work was national in its scope, the vital part was centred at McGill University, where for 21 years she was associated with the School for Graduate Nurses, first as assistant to the Director, and then as Director. It is felt, therefore, that McGill University is the appropriate place to set up such a fund. The initiative in this matter has been taken by the Alumnae Association of the School for Graduate Nurses which, at a recent meeting in Montreal, decided to sponsor "a memorial fund for Dr. Marion Lindeburgh to take the form of a scholarship fund for the School for Graduate Nurses," and to seek contributions from nurses in every part of Canada. It is hoped that the generosity of Canadian nurses will result in the creation of a scholarship fund large enough to serve as a worthy memorial to Marion Lindeburgh's devoted work in the field of nursing education.

Contributions may be sent to the **Secretary, Alumnae Association, School for Graduate Nurses, McGill University, 1266 Pine Avenue West, Montreal.**

Book Reviews

Textbook of Medicine For Nurses, by J. W. Joule, M.R.C.P. 524 pages. H. K. Lewis & Co. Ltd., 136 Gower St., London, W.C.1. 2nd Ed. 1955. Price £1/7s/6d.

Reviewed by Miss Jean Mackie, General Hospital, Calgary, Alta.

The physical features of this book are quite attractive. It is well bound. The print is easily read and is on high gloss, durable paper. Illustrations (black and white) and graphs are clear and very helpful though not as numerous as might be desired.

The title of the book indicates that the author is offering information which he considers suitable for use by student nurses. I feel this information is too brief and oversimplified. How much medical knowledge does a nurse need to have, or be exposed to? Dr. Joule, himself, is uncertain as evidenced by two somewhat contradictory statements in the preface "Nursing is essentially a humane calling... but some knowledge of the disease process at work is necessary if the nurse is to do justice to her patient and herself." "Intelligent observation backed by a sound knowledge of the condition is necessary if life is to be saved." There is a vast difference in the implications of the words "some" and "sound." Admittedly, it is difficult to determine what information is required in either category. Most nurses would agree that a "sound" knowledge of medicine is highly necessary in this era of complex nursing responsibilities.

There is a short chapter devoted to "Diet in Health and Disease" which is far too brief to serve any real purpose. The same could be said of the chapters on drugs and special procedures. Insufficient explanation is given in these chapters to make their inclusion in a textbook of medicine worthwhile. This space could have been more advantageously used to discuss such topics as geriatric nursing, nursing in long-term illnesses, the theory of stress reactions, the importance of rehabilitation and the social significance of disease. None of these is included. I feel we should expect them in a textbook of medicine if we accept the premise that it *is* desirable to have such a textbook for nurses.

Psychology in Nursing Practice, by L. Crow, Ph.D., A. Crow, Ph.D. and C. Skinner, Ph.D. 448 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto 2, Ont. 2nd Ed. 1954. Price $5.00.

Reviewed by Miss Jean Whiteford, Instructor, Winnipeg General Hospital, Winnipeg.

The thought-provoking caption "Skill versus Skill" and such a statement as "Someone defined tact as cultural common sense" hold the interest of the reader. The second edition of this book has, in a very concise manner, reviewed the principles of psychology and emphasized how they may be applied to nursing. The terminology can be understood by a preclinical student. The organization of ideas starting with the nor-

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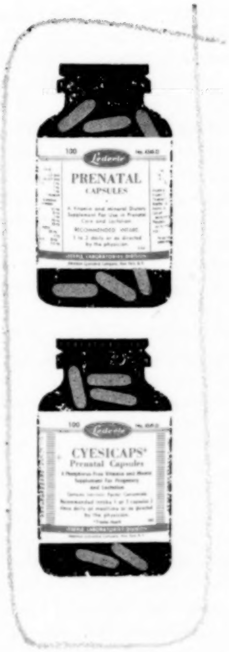

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mal personality and following through the discussion on abnormal behavior of people, is quite comprehensive. The sections dealing with emotions and maturity are well developed. The sections on suggestions for study and principles of learning are written to meet the needs of the student nurse and are valuable in helping the student form good study habits.

Whether this book is used as a text or a reference book, it is valuable as a guide to those who are concerned with the development of psychology. The information will help the nurse to develop a basis for her course in psychiatry. The bibliography, questions and exercises included at the end of each chapter are a helpful addition to this text.

Nursing Manual for Psychiatric Aides, by Annie Laurie Crawford, B.S., and Virginia Curry Kilander, B.S. 93 pages. The Ryerson Press, 299 Queen St. W., 2B, Toronto, Ont. 1954. Price $2.00.

Reviewed by Patricia McMillan, Provincial Mental Hospital, Ponoka, Alta.

This manual is divided into two units: 1. Getting Acquainted and 2. Nursing the Patient. Each chapter concludes with suggested films, references and exercises. The exercises are very practical and should be particularly helpful in an inservice educational program.

The method of outlining significant data relating to the various reaction types which might be observed is especially noteworthy. These outlines are accompanied by practical suggestions for nursing care. Discussion of basic procedures, for example admitting a patient, is supplemented by samples of conversation to serve as a guide to the novice.

This is an excellent manual for the orientation of any newcomer to the psychiatric field.

A Textbook of Chemistry, by Stella Goostray, R.N., B.S., M. ED. and J. Rae Schwenck, A.B., CH. E. 426 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2, Ont. 7th Ed. 1954. Price $4.75.

Reviewed by Miss Grace Smith, Instructor Royal Columbian Hospital, New Westminster, B.C.

The intention of the authors was to increase the selected content from the fields of inorganic, organic and biological chemistry as changing needs of student nurses have indicated and in accord with the latest advancements in nursing school curricula. The original objectives as stated in the preface have been kept in mind.

The table of contents is clearly and concisely outlined. An outline of contents at the beginning of each chapter stimulates interest. Illustrative material, graphic forms, outlines and tables are generously distributed throughout the book. A concise summary, questions and exercises are at the end of each chapter. Pertinent points and principles are written in italics in the subject matter. The appendices at the end of the book give the basic mathematics of chemistry with tables of the technical data, arithmetic problems and answers, suggested units of study, weights and measures, and removal of stains. A table of international atomic weights is conveniently placed on the back inside cover.

The content of the book gives a broad concept of chemistry which will furnish a foundation and support for the relative subjects in the curriculum. "In nursing and allied arts, chemistry is a tool to be used in the daily practice of the vocation." Chapter two, "Our World is made of Simple Things" starts with a survey of matter which is clearly and simply arranged. The content of the chapter adequately explains the graphic outline. An evaluation of the implications of the atomic age in its relationship to applied chemistry is presented. Oxygen, the preserver of life and the supporter of combustion; carbon, the most versatile element; and water, the compound most important to life are broadly presented. An increasing interest in electrolytes is evident in medicine and nursing. The student meets the problem of understanding something about electrolytes in fluid balance early in her bedside nursing experience. There is good source material here on acids, bases and salts. The field of organic chemistry deals with the hydrocarbons and their simple derivatives. Simple classes of compounds and the chemical principles are described in order to provide the foundation for the subsequent presentation and understanding of the substances which our bodies use, together with the changes these substances undergo.

"Our health, our happiness and what we become are in a part dependent upon the food we eat." Food requirements and essential food elements are discussed so that the obvious functions of foods are understood. The story of the chemical changes occurring during the digestion of food is covered. Consideration is given to the chemicals and chemical processes influenced by substances such as vitamins, hormones and enzymes. An appreciation of the role the circulating blood plays in supplying oxygen and nutrients to every cell in the body must be realized by the student nurse. The chemistry of blood in this chapter may be easily correlated with the anatomy course. The latter section of this chapter deals with "The Chemistry of Pathological Conditions." The section "Chemistry of Tissues and Glands" indicates again the role of the blood as a transporting medium.

The last chapter highlights the subject matter previously presented. The importance of chemical research to mankind is evaluated in regard to the extension of knowledge and the effectiveness of cures. The book concludes with the statement, "Future generations of mankind will enjoy more fruitful lives because of the work of our generation." Nurses using this textbook will find it of value in their own field and in understanding other fields of applied science.

* * *

Investigations are proceeding to try to determine what causes some people without syphilis to show a positive Wassermann. So far it has been discovered that some of these individuals are probably destined to have lupus erythematosus.

In the Good Old Days

(*The Canadian Nurse* — June, 1916)

Eye specialists have been very interested in the work of the school nurses. They examine the children's eyes and prescribe glasses where needed. We have an arrangement with a manufacturing oculist who lets us have glasses at a reduced rate and the parents, as they are able, pay us 25 or 50 cents per week until the glasses are paid for.

* * *

There are 240 registered nurses in the province of Manitoba. It is regrettable that so few are members of our Association.

* * *

For the first time the Canadian Nurses' Association is holding its annual convention in Western Canada. It is meeting in Winnipeg June 11 to 16. The nurses of Manitoba have often felt left out of things but now we will be at the centre of nursing thought for four days.

* * *

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* * *

Two provinces, Alberta and New Brunswick, have reported the passing of Bills of Registration. Our hearty congratulations!

* * *

Every school of nursing worthy of recognition should be required to employ a staff, however small, of paid teachers, so that the education of nurses would not be dependent on the whims or personal convenience of visiting physicians.

Nursing Sisters' Association

The initial plans for the national convention of the nursing sisters of Canada were announced by Mrs. E. A. Rabson, national president, at the annual dinner meeting of the Winnipeg unit. This event is to take place in June with Mrs. B. Finger acting as social convener for the occasion.

Miss I. Kemp, the newly elected Winnipeg president, introduced the members of her executive: N. Hearn, vice-pres.; Mrs. S. Alcock, treas.; Mrs. W. Forbes, rec. sec.; Mrs. G. Noble, corr. sec.; Mrs. J. E. Robinson, social convener; Mrs. S. E. Macbeth, publicity; Z. Harman, membership; Mrs. C. W. Davidson and M. Muir, sick visiting; I. Barton, Poppy Day; E. Hudson, Memorial Day; Mrs. H. Sharp and A. Nicholson, advisory.

* * *

At the annual meeting of the Halifax Branch, held in the Nova Scotia Hotel, the following members were elected to the executive: M. McIsaac, pres.; J. MacLean, vice-pres.; G. Hopkins, sec.; M. Romans, treas. Committees: Entertainment, Mrs. M. Lewis, A. Egan and M. McGlashen; sick visiting, M. Burke, M. Betts; recruitment, E. Purdy.

* * *

The thirty-first annual meeting of the Toronto unit was held early in the year. The new executive includes the following members: B. Seeds, pres.; L. Fair, 1st vice-pres.; E. Beardmore, 2nd vice-pres.; M. Picton, treas.; J. Deyell, rec. sec.

Ontario

The following are staff changes in the Ontario Public Health Nursing Services:

Appointments — *Madeleine des Landes* (St. Vincent de Paul Hosp., Sherbrooke, U. of Montreal) to Ottawa Dept. of Health. *Ethel Irwin* (Toronto Gen. Hosp., U. of Toronto) formerly senior nurse to the position of supervisor, Timiskaming H.U. *Annie Boyd* (Hamilton Gen. Hosp., U. of T.) from the position of supervisor to director, Hamilton Dept. of Health. *Barbara (Paynes) Wright* (Victoria Hosp., London, U. of West. Ont.) to the Scarborough B. of H.

Resignations — *Agnes (Harley) Haygarth* (Hamilton Gen. Hosp., U. of T.) from the position of director and *Mary Schaffter* (Birkenhead Gen. Hosp., England, U. of T.) from Hamilton Dept. of Health. *Ruth (Roszell) Neilson* (T.G.H., U. of T.) from London Dept. of Health. *Doris (Kirkwood) Burnes* (Cornwall Gen. Hosp., U. of West. Ont.) from Middlesex Co. School Health Service. *Lucy Miocich* (St. Joseph's Hosp., Port Arthur, U. of Ottawa) from the Port Arthur B. of H. *Annie Sorbie* (Queen's Institute of District Nursing, Health Visitor Cert.) from Oxford Health Unit. *Jean (Guild) Watson* (T.G.H., U. of T.) from Scarborough Township B. of H.

The power of human thought is infinite, yet human wisdom accumulates very slowly, only through infinite testing and sifting. There is no more precise and powerful way of recording and expressing thought than the written word, no surer means of testing it than by reading the written word. These would be reasons enough to be sure that books and reading will always remain the largest influence in any modern civilisation that allows for growth of the human spirit. But it is also true that there is a human need to share experience even when it is not of overwhelming significance. This need is the root of all art, the bond between every artist and his audience. Experience is shared daily, in every communication between men.

— Roderick Haig-Brown

* * *

I am a great believer in luck. I find that the harder I work the more I have of it.

— Stephen Leacock

Miss Alice Wright, executive secretary of the Registered Nurses' Association of British Columbia, is seen here as she boards a Trans-Canada Air Line Super Constellation at Montreal airport, Dorval, on April 15, en route to Copenhagen and Geneva. She attended a meeting of the Membership Committee of the International Council of Nurses in Copenhagen and later was an observer at the World Health Assembly. In between these meetings Miss Wright had an opportunity to visit the national offices of the nurses' associations in several European countries.

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News Notes

ALBERTA

DISTRICT 2

CAMROSE

Chapter activities were numerous and varied during the year 1955. An active educational program was carried out to the benefit of all attending the meetings. Members participated in the Civil Defence Institute in Disaster Planning presented early in the year at St. Mary's Hospital. Assistance was given to the Red Cross Blood Donor Clinic. A donation was made to assist in purchase of a movie projector which would then be available for chapter functions. A gift of equipment was made to the new Civic Center. Present plans call for a refresher course to be held as soon as arrangements can be completed.

The slate of officers for the coming year is: Mrs. J. Danforth, chairman; Mrs. L. Hesbeth, vice-chairman; Mrs. R. Andrews, sec.-treas.; Mrs. E. Greenberg, program convener.

WETASKIWIN

The following members have been elected to the executive for the current year: Mrs. J. Bunnin, pres.; Mrs. E. Good, vice-pres.; Mrs. F. Albers, sec.-treas. Six chapter members are assisting with the St. John's Ambulance Course presently being given. The annual Spring tea was held early in April. Financial assistance to aid in the purchase of a midwifery kit and refills was sent to Ponoka to assist in providing such kits for "CARE."

DISTRICT 3

CALGARY

Mrs. A. Stewart, representing the private duty section of the chapter, reported at a recent meeting that refresher courses for this group have resumed. The first lecture was to be devoted to heart surgery. The annual Bursary Tea was held in February and a chapter supper meeting took place in April at the Colonel Belcher Hospital. Rededication services for Protestant nurses were held in May and a potluck supper meeting is planned for mid-June.

Holy Cross Hospital

The annual Blossom Tea of the alumnae association was held in May with a bazaar and sale of homecooking as an added feature. The 50th anniversary of the school of nursing is to take place late in 1957. Plans are already underway for a homecoming to celebrate this important occasion. Special events for the graduating class have included a banquet and social evening for the 60 members of this group. News of the graduates includes the following items: S. Bayes is working in Calgary following her return from Bermuda. E. (Howg) Wilkins is engaged in office nursing in Las Vegas. J. Stanford recently took over her duties as matron of Cardston Municipal Hospital. M. Swidiszski is working in Alaska. M. Bittman is doing postgraduate work in surgery at St. Michael's Hospital, Toronto. B. (Cush) Keen is in charge of Nursing Services. P. Velker has joined the U. S. Navy. P. McMillan is doing missionary work in a leper colony in Addis Ababa. M. Macomber is with the Trans-Atlantic division of T.C.A.

District 7

Edmonton

Twenty-four members attended the annual chapter meeting at the St. John's Ambulance House early this year. The following slate of officers was elected: E. Taylor, past chairman; R. Ball, chairman; D. Watson, vice-chairman; I. Reesor, 2nd vice-chairman; M. Thomson, treas.; B. Farquharson, sec. Committees: Program, Mrs. M. Alexander and B. Lea; Local Council of Women, M. Fraser.

Vegreville

During 1955, the monthly chapter meetings had an average attendance of 13 members who engaged in a busy round of activities. As one project the members of the graduating class of St. Joseph's General are entertained each year. This season a novel Chinese dinner was arranged by Miss Little, Mrs. Dougan, Mrs. Moar, Miss Patrick and Miss Knapik. It was held at the home of Dr. Reid with the hostesses appearing in appropriate costume. The nurses of this area are cooperating wholeheartedly with the civil defence program of the town. In connection with this, members devoted one meeting to a TV presentation of civil defence in action. Delegates attended the A.A.R.N. convention in Calgary bringing back interesting accounts of the sessions. Mrs. C. Van Dusen was an honored guest and speaker at one meeting when she discussed the structure and function of the provincial association. Some time was devoted to money-making projects and to special programs such as the annual Christmas party for hospital patients.

The executive for the current year includes Mrs. R. Edmund, pres.; Mrs. N. Moar, vice-pres.; M. Patrick, sec. treas. In addition a program committee has been formed to organize educational activities for the year.

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been undertaken as a major project by this chapter. Convened by R. Hartwig and L. Lang, a St. Patrick's Day dance and a fashion show by The Hudson's Bay Company proved most profitable in raising the necessary funds. Mrs. I. Cooper is to be the chairman of the Loan Cupboard.

PENTICTON

Thirty-five members attended a recent chapter meeting presided over by Mrs. A. Mason. The guest speaker, Dr. R. E. Earnshaw, of the Veterinary Hospital, reviewed some of the similarities and differences in medical and veterinary work. Useful hints in first aid and the emergency treatment in some cases of poisoning were suggested. The importance of animals as a source of infection to humans was discussed, in particular incidence of rabies and ringworm.

VANCOUVER

St. Paul's Hospital

In October, 1955, at their Homecoming the alumnae association presented the Sisters of Charity and Providence with a bronze-colored bust of Jeanne Mance. It was placed in the foyer of the new auditorium in the nurses' residence. The presentation was made in appreciation of the work and years of service of Reverend Sister Columkille, former director of nurses during the years 1938-52. She is now Sister Superior of Notre Dame Hospital, North Battleford, Sask.

Plans are already underway for a bazaar to be held in December. The "Dollar and Under" theme is to be continued with aprons featured as one specialty and young children's clothing as another. It is planned to hold periodic working bees' at the nurses' residence to prepare the articles for sale.

JEANNE MANCE

A Spring Coffee Party was held in early May and a dance honoring members of the graduating class took place late in April. Dr. E. Harrison discussed chest surgery and its nursing care at the April meeting of the alumnae association.

Mrs. D. (Bird) Kelly is on the staff of the Seattle Cancer Clinic. Working in the same city are S. Jarvis and M. Kelly. B. Metens is in charge of a hospital at Snoqualmie Pass. Mrs. (Innes) Brown is presently giving demonstration and practice sessions in "Body Mechanics" in Penticton.

MANITOBA

WINNIPEG

General Hospital

Miss P. Desjardins, executive director, Manitoba Branch of the Canadian Mental Health Association, was the guest speaker at the March meeting of the alumnae association. A native of Manitoba, Miss Desjardins engaged in social work with the Family Bureau and the Child Guidance Clinic before going to Panama to assist with the United Nations project of mental health programs. She later acted as consultant for a mental health conference of Latin-American countries under the direction of the World Federation of Mental Health.

Miss Desjardins made some very interesting observations about the mental health of Canadians. One of every 12 children born in Canada needs psychiatric help at some time; one-half of our hospital beds are being used for the care of mental patients; one-third of Canada's medical budget is used for the care of the mentally ill. One of the greatest problems that must be overcome to assure the success of mental health programs is to overcome public ignorance regarding mental disease and its treatment.

NEW BRUNSWICK

MONCTON

Two chapter meetings have been held recently in the nurses' residence of Moncton Hospital. Reporting on the progress of the Nursing Education Committee, Mrs. L. Colwell told of the Institute for Instructors in Nursing which had been held under the leadership of Miss L. MacKenzie, Clinical instructor of the Wellesley Division, Toronto. A sub-committee studying student rotation in the various clinical fields met recently. Miss K. McRae and Mrs. M. Rattray are teaching home nursing to members of the St. John Ambulance Association. Eleven student nurses of the Hotel Dieu and 42 students of the Moncton Hospital received their caps at exercises earlier this year.

A questionnaire from provincial office was reviewed and a committee formed to summarize the answers. F. Hickman and Mrs. E. Johnstone reported on a project which they had recently undertaken. Representatives of the Canadian National Railways addressed the members at one of the chapter meetings in connection with the Nurses' Special to the Biennial Convention in Winnipeg. Colored films added to the pleasure of hearing about the trip to Manitoba. Senior student nurses were guests of honor on this occasion.

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Nurses' Hospital Aid

Members elected to executive positions for the current year include: K. Richardson, hon. pres.; Mrs. R. Lewis, pres.; Mrs. W. Buxton, 1st vice-pres.; Mrs. B. MacAuley, 2nd vice-pres.; Mrs. C. Colwell, rec. sec.; Mrs. W. McCully, corr. sec.; Mrs. J. H. Pettigrew, treas. Souvenir book marks of

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THE MOUNTAIN SANATORIUM
HAMILTON, ONTARIO

TWO-MONTH POSTGRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION & TREATMENT OF TUBERCULOSIS.

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing,
Mountain Sanatorium,
Hamilton, Ontario.

the old and new Moncton hospitals are proving to be a regular source of income. A Chinese auction highlighted the entertainment portion of one meeting recently. Mrs. D. Van Buskirk has been appointed convener of the graduation dinner and dance.

ONTARIO

DISTRICT 5

TORONTO

St. Michael's Hospital

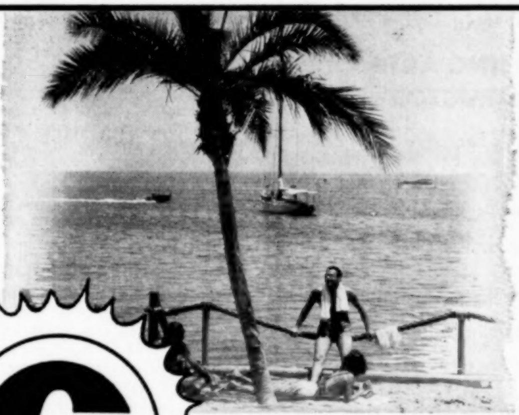
The alumnae association held a bazaar early in April in the nurses' residence. M. Larkin, tuberculosis consultant, presented a most interesting paper on this disease at a Samaritan Club meeting earlier this year.

DISTRICT 8

OTTAWA

Civic Hospital

"Success to the end of the road" was the wish expressed for Miss Effie C. McIlwraith by Mayor C. Whitton at ceremonies marking Miss McIlwraith's retirement. A graduate of St. Luke's General Hospital, Ottawa, she practised her profession in Alberta and British Columbia before assuming the duties which she has carried out so devotedly for



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Graduate Nurses wanted for All Departments

Good Pay with Advancement

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Special Six Months' Contract Available

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The Lutheran Hospital Society

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1414 South Hope Street, Los Angeles 15, California

Your choice of three hospitals

Donald N. Sharp Mem. Community Hospital

California Hospital

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SCIENCE INSTRUCTOR

and

NURSING ARTS INSTRUCTOR

for

SCHOOL OF NURSING

(In operation since 1908)

Registration: 100 students

New Rochelle Hospital

Degree in nursing education with experience required.

Salary open

APPLY: ALEX E. NORTON, Superintendent
NEW ROCHELLE HOSPITAL
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ASSISTANT HEAD NURSES

for

270-bed Sanatorium

Corner Brook, Newfoundland

This hospital has a thoracic surgery unit & includes a fully equipped Outpatient Dept. Salary starts at $2,200 per annum. Accommodation available in new nurses' home at $40 per mo., deductible from salary. Uniforms & laundry free. 44-hr. wk. 8 hr. duty. 4 wk. vacation a yr. Statutory holidays & sick leave with pay.

The city of Corner Brook, on the west coast of Newfoundland, has a pop. of about 20,000 & many types of recreational facilities are available both winter & summer.

Apply Director of Nurses,
West Coast Sanatorium.

the past 30 years. A purse was presented to Miss McIlwraith by the hospital trustees in recognition of her faithful service.

Montreal

General Hospital

A demonstration of the clinical psychosomatic approach to a patient suffering from dermatitis was a highlight of a recent alumnae meeting. The team consisted of a physician, a psychiatrist, a psychologist, a sociologist and a nurse. Dr. Wittkower directed the activities of the panel.

S. Williams, L. Wolf, N. MacRae and G. Gatehouse, are presently enrolled at the School for Graduate Nurses, McGill University. E. Gilbert, who is completing her studies at McMaster University, plans to rejoin the hospital staff at the end of the academic year. A. Christie attended the course in civil disaster nursing at the Civil Defence College, Arnprior, which was held late in March. M. Ford recently resigned from the staff to be married. She plans to return to the staff of the Caribou Health Unit after her marriage.

Recent visitors to the hospital have included Mrs. Janssen of Holland, a practising midwife and member of an underground unit during World War II through which many Canadian airmen reached safety. Miss Gertrude Hall also visited the hospital recently.

A reunion of all the graduates of the school of nursing is being planned to take place September 20, 21 and 22. It is hoped that as many graduates as possible will arrange to be in attendance.

Quebec City

Jeffery Hale's Hospital

Mrs. (Parks) Davidson has recently returned to the staff. S. Gray and J. Golden are in charge of the Outpatient Department of the new building following completion of postgraduate study at the New York Polyclinic.

SASKATCHEWAN

Saskatoon

City Hospital

The alumnae association held its annual membership tea early in February. The event was well attended with the proceeds of a homebaking sale being used to increase the Chapel fund. A room has been set aside for use by the association in the new wing. Furnishing the room is to be a major project of the association for the next few years.

Dr. Hamdi was the guest speaker for the March meeting. A native of Egypt, he gave a very interesting talk concerning the history and living conditions of the Middle East.

SOUTHWEST REGIONAL HOSPITAL COUNCIL

Enjoy your nursing in the warmest, sunniest part of Saskatchewan. Vacancies exist at the following hospitals:—

CABRI UNION
2 G.D. Nurses $230-260

CLIMAX UNION
1 G.D. Nurse $255

EASTEND UNION
1 G.D. Nurse $230 - 260

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3 Graduate Nurses $230 - 260

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(Close to Cypress Hills)

PRELATE UNION
2 G.D. Nurses $255

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2 G.D. Nurses $255

Further details of excellent conditions of service may be obtained from the Director of Nursing at the individual hospital or from the undersigned:

PHILIP RICKARD, REGIONAL HOSPITAL CO-ORDINATOR
SWIFT CURRENT, SASKATCHEWAN

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for the
ACTIVE TREATMENT CENTRE
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CHARLOTTETOWN, P.E.I.

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DEPARTMENT OF PUBLIC HEALTH

BURSARIES FOR TRAINING IN PUBLIC HEALTH NURSING

Applications are invited from Graduate Nurses wishing to train in the above. Bursaries to successful applicants — $125.00 per month if single, or $175.00 per month with dependents, plus tuition, books (up to $25.00) and travel expenses.

Nurses who have an entrance into university may be taken on our staff for a period of field work before going to university this Fall.

Further information may be obtained from:

Miss Phyllis J. Lyttle, R.N.
Superintendent of Nurses
Department of Public Health
Box 488, Halifax, Nova Scotia

Application forms may be obtained from the

NOVA SCOTIA
CIVIL SERVICE COMMISSION

P.O. Box 943, Provincial Administration Building, Halifax, Nova Scotia
or
by telephoning 2-7341 - Branch 230

50 Nurses Needed...

HAMILTON, ONTARIO

The three city-owned hospitals, the General, the Mountain and the Nora-Frances Henderson, have recently undergone an expansion program and are in immediate need of a minimum of 50 Registered Nurses.

Recognized as one of the most modern-equipped hospitals in Canada, the Hamilton General offers the Registered Nurse working and recreational facilities second to none.

Situated in the heart of what has been termed the "Golden Horseshoe", Hamilton is a city practically equidistant to Toronto and Buffalo, big enough to be interesting, yet small enough to be friendly and hospitable to the individual.

The rates of pay to Registered Nurses are the highest in the Province of Ontario. For Registered Nurses who work rotating hours of service, the beginning salary is $53.00 per week. The daily rate is $10.50 for each eight-hour period of duty.

Hours of duty: (a) 8 hour day—42 hours weekly average—rotating service. DAYS: 7 a.m. to 3.30 p.m. or 10 a.m. to 7 p.m.; EVENINGS: 3 p.m. to 11.30 p.m.; NIGHTS: 11.15 p.m. to 7.15 a.m. These schedules include one half hour for each meal and 15 minutes for morning coffee. (b) Two days off three successive weeks and one day off every fourth week. (c) All statutory holidays or compensatory time.

VACATIONS: Registered Nurses after one year of service receive 3 weeks vacation with pay. It is less than 200 miles to the beautiful Muskoka Lakes District, less than 2 hours to the U.S. border.

Here is a unique opportunity for Registered Nurses to come to a thriving community where your opportunities are unlimited. *For further particulars write:*

HAMILTON GENERAL HOSPITAL
Barton Street East
Hamilton, Ontario

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

● HOSPITALS
+ NURSING STATIONS
▲ OTHER HEALTH CENTRES

OPPORTUNITIES FOR
REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES,
and NURSING ASSISTANTS or PRACTICAL NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic and North-West Territories.

SALARIES

(1) **Public Health Nursing Supervisors: up to $4,620 depending on qualifications and location.**

(2) **Directors of Nursing in Hospitals: up to $4,620 depending on qualifications and location.**

(3) **Public Health Staff Nurses: up to $3,600 per year depending on qualifications and location.**

(4) **Hospital Staff Nurses: up to $3,420 per year depending upon qualifications and location.**

(5) **Nursing Assistants or Practical Nurses: up to $185 per month depending upon qualifications and location.**

- **Room and board in hospitals — $30 per month. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available.**
- **Special compensatory leave for those posted to isolated areas.**

For interesting, challenging, satisfying work, apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.
(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.
(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.
(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.
(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.
(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.
(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

Calling All Canadian Graduate Nurses

- **How would you like to work and live in the heart of Manhattan?**

  THE ROOSEVELT HOSPITAL, a voluntary, general hospital, offers you this opportunity.

- **Why not enjoy these benefits offered by Roosevelt?**

  BASE SALARY — Begins at $260 per month, without experience. Experience qualifies for higher starting salary.

  INCREMENTS — Start after first 6 months and continue annually.

  BONUSES — $40 for evening and $20 for night duty.

  VACATION — 4 weeks annually.

  HOLIDAYS — 10 annually.

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  HEALTH SERVICE

  SOCIAL SECURITY

For further information write to:

DIRECTOR OF NURSING,
DEPARTMENT NS,
ROOSEVELT HOSPITAL
59th Street West,
New York City

GENERAL STAFF NURSES

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RECOVERY ROOM (1)
PEDIATRICS (2)
MEDICAL (3)
SURGICAL (3)
OPERATING ROOM (1)

For new hospital wing

Good personnel policies

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GENERAL HOSPITAL
WOODSTOCK, ONTARIO

EDUCATIONAL DIRECTOR

for

SCHOOL OF NURSING

Saint John General Hospital

DUTIES TO COMMENCE JULY 1, 1956.

Degree in nursing education with experience required.

New Educational Department opening in March, 1956.

Expected registration 200 students.

APPLY: DIRECTOR OF NURSING,
SAINT JOHN GENERAL HOSPITAL,
SAINT JOHN, N.B.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
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Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

The University of Alberta invites applications for the position of Director of the School of Nursing. Applications accompanied by a curriculum vitae, transcripts of record, the names of at least 3 references & a recent photograph or snapshot, should be received by the Dean of Medicine, University of Alberta, not later than June 30, 1956.

Director of Nursing for 50-bed (long stay) Children's Hospital situated by the water at Mill Bay near Victoria. The hospital is fully accredited & plans are almost complete for relocating & rebuilding a new 64-bed & then 96-bed hospital situated by the water at Finnerty Bay in Victoria within the next 12 mo. A very modern suite is available. Successful applicant will be required to register in B.C. Forms of application may be obtained from Administrator, Queen Alexandra Solarium for Crippled Children, Cobble Hill P.O., Vancouver Island, B.C.

Director of Nursing & Nursing Education for 160-bed General Hospital. Postgraduate course in administration or equivalent experience required. Salary open. Applications should give details of education, qualifications & experience. Apply Administrator, The Victoria Public Hospital, Fredericton, N.B.

Associate Director of Nursing Service for 200-bed General Hospital, addition under construction at present. Postgraduate course or equivalent experience required. Liberal personnel policies. Apply Director of Nursing, General Hospital, Belleville, Ont.

Director of Nursing Service (Immediately) for 276-bed General Hospital. Postgraduate course in administration favored, experience preferred. Apply Administrator, St. Paul's Hospital, Saskatoon, Saskatchewan.

Asst. Director of Nursing for 450-bed hospital with school of nursing. Experienced, preferably with University Certificate of postgraduate training. Salary according to experience. 40-hr. wk. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Assistant Director of Nursing for 220-bed, 41-bassinette hospital opened Sept. 1953. School of Nursing. Starting salary: $300 per mo. Apply Director of Nursing, South Waterloo Memorial Hospital, Galt. Ont.

Supervisor (Nursing Service) for 50-bed General Hospital. Salary: $210 plus maintenance. 44-hr. wk., 3-wk. vaaction, 10 statutory holidays, 14 days sick leave. Apply Miss M. Jarvis, Matron, Municipal Hospital, Wainwright, Alta.

Superintendent of Nurses (1). Salary: $275 per mo. **Graduate Nurses (2).** Salary: $225 per mo. less $40 per mo. room, board & laundry. 28-bed hospital, pleasant surroundings, 5 mi. from U.S. border. 40-hr. wk., 4 wk. vacation after 1 yr. service. 1½ days sick leave per mo., yearly accumulative. Nice nurses' residence. Apply The Grands Forks Community Hospital, Grand Forks, B.C.

Evening Hospital Supervisor, Pediatric Supervisor — experienced with P.G. (August) Head Nurse for Central Supply. Science Instructor for 200-bed General Hospital. School of Nursing, September classes only. Salary: $245-$315. 1 mo. annual vacation, 10 statutory holidays, 1½ sick days per mo. cumulative. 40-hr. wk. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Supervisor of Nursing (Reg'd. Nurse) for modern 47-bed General Hospital serving district of 10,000. Nursing staff of 26. Starting salary: $275 per mo. Private accommodation in new nurses' residence. Board & lodging $50. Please state age, qualifications & references to Administrator, G. R. Baker Memorial Hospital, Quesnel, B.C.

Matron for new 17-bed hospital located in a beautiful fishing & logging village west coast Vancouver Island. Starting salary $275 per mo. less $40 maintenance in lovely furnished 3 room suite. 4 wk. vacation after 1 yr., all statutory holidays, cumulative sick leave. B.C. registration required. Boat & daily air service. Apply Matron, General Hospital, Tofino, B.C.

QUEENSWAY GENERAL HOSPITAL

TORONTO 14, ONTARIO

is accepting applications for Employment in all nursing departments — Supervisors — Head Nurses — General Staff — Nursing Assistants — Orderlies — Ward Secretaries

Newest hospital in Toronto, situated on The Queen Elizabeth Way, 12 miles from downtown Toronto. Attractive residence facilities available in the new apartment type residence. Hospital schedule to open August 1, 1956.

Excellent Salaries and Personnel Policies

Apply

DIRECTOR OF NURSING, QUEENSWAY GENERAL HOSPITAL
TORONTO 14 , ONTARIO

Operating Room Supervisor for 100-bed west coast General Hospital. Salary: $300 per mo. less $40 for board, residence, laundry. 3 annual increments $10 per mo. 1 mo. vacation paid after 1 yr. service. 1½ days sick leave per mo. cumulative to 28 days. Transportation allowance up to $60 refunded after 1 yr. Apply Director of Nursing, General Hospital, Prince Rupert. B.C.

General Supervisors, Operating Room Nurses and General Duty Nurses for new 150-bed **hospital**. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40-hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

Supt. of Nurses immediately for 67-bed hospital. Salary open depending on training & experience. **Gen. Duty Nurses** also required. Good salary & personnel policies. New 80-bed hospital opening in 1956. Apply M. M. Barber, R.N., Administrator, Portage Hospital, Dist. No. 18, Portage la Prairie, Manitoba.

Obstetrical Supervisor for 10-bed ward. Duties to commence July 1. Must have postgraduate training. Residence accommodation. 44-hr. wk. Apply Supt., Miramichi Hospital, Newcastle, N.B.

Night Supervisor & Operating Room Nurse for 44-bed hospital. Liberal personnel policies. Living accommodation available in new residence. 44-hr. wk., 3-wk. vacation, 8 statutory holidays. For further information apply Supt., Haldimand War Memorial Hospital, Dunnville, Ont.

Operating Room Supervisor, Night Supervisor & Staff Nurses. Good salary & personnel policies. Living accommodations available. Apply Director of Nurses, General Hospital, Parry Sound, Ontario.

Obstetrical Supervisor (1.) Operating Room Scrub Nurse (1.) General Duty Nurses (3) for new 144-adult bed plus 32-bassinette hospital. Good salary & personnel policies. Apply Director of Nursing, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

Supervisor (qualified.) Good salary. Extra allowance for experience if French speaking. 5-day wk., 4-wk. vacation, 18 days sick leave cumulative annually. Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

EMPLOYMENT OPPORTUNITIES FOR GRADUATE NURSES

Due to the opening of a new wing in a well-equipped, new 125-bed hospital in Suburban Toronto. Residence accommodation optional.

SALARY RANGES

GENERAL DUTY $205 - $275 monthly
HEAD NURSES $225 - $295 monthly
SUPERVISORS $240 - $310 monthly

Enquire:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL
200 CHURCH ST., WESTON, TORONTO, ONTARIO

Assistant Head Nurses & Staff Nurses for children's orthopedic hospital. Good personnel policies. Apply Director, Shriner's Hospital for Crippled Children, 1529 Cedar Ave., Montreal. Quebec.

Registered Nurse (1). Experienced, capable of Matronship for 8-bed hospital. Salary: $275 per mo. **Reg'd. Nurse (1).** Salary: $240 per mo. Must have Sask. Registration. Holidays according to S.R.N.A. 2-wk. sick leave non-cumulative. Maintenance $30 per mo. Apply Sec., Box 40, Union Hospital, Hodgeville, Sask.

Matron (1), General Duty Nurse (1) for 20-bed hospital. Modern nurses' home. Usual holidays with pay & sick leave, etc. Apply stating salary desired to Matron, Union Hospital, Vanguard, Sask.

Psychiatric Nurse to assume position as Head Nurse & Clinical Supervisor of new 38-bed Psychiatric Unit in a 500-bed General Hospital. An excellent opportunity for a Psychiatric Nurse who wishes to assume leadership in developing the policies, procedures & teaching program of this new Psychiatric Unit. Patients treated only by psychiatrists. The most modern facilities & treatment methods. Cooperative administration. Bachelor's Degree required plus Psychiatric experience. Salary commensurate with experience & abilities. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Science Instructor (1) for Aug. 1, Clinical Instructor (1.) Good teaching facilities 1 class of approx. 30 students yearly. Good personnel policies. Near enough to Rocky Mountain National Parks for "Days Off." Apply stating qualifications & salary expected to Director of Nursing, St. Michael's Hospital, Lethbridge, Alberta.

Instructor for School of Nursing to teach Science — 80 students. New residence. Pension Plan. Good personnel policies. Apply Director of Nursing, Royal Victoria Hospital, Barrie, Ont.

Instructor for School of Nursing to teach Nursing Arts — 80 students. New residence. Pension plan. Good personnel policies. Apply Director of Nursing, Royal Victoria Hospital, Barrie, Ont.

Obstetrical Clinical Instructor (1) & Medical-Surgical Clinical Instructor (1) for progressive 65-student School of Nursing. Positions available Aug. 1. For further particulars apply Director of Nursing, General Hospital, Belleville, Ont.

McKellar General Hospital, Fort William, Ont. requires Clinical Instructor in operating room. Gross salary commensurate with experience, 28 days vacation after 1 yr., 8 statutory holidays, sick leave accumulative to 60 days. Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped & staffed wing with extensive renovation program progressing in the old section. Apply Director of Nursing.

Nursing Arts Instructor for 220-bed, 41-bassinette hospital opened Sept. 1953. School of Nursing. Salary scale $270-$300. Necessary qualifications essential. Apply Director of Nursing, South Waterloo Memorial Hospital, Galt, Ont.

Science Instructor for School of Nursing. Duties to commence August 1st. Apply Director of Nursing, Civic Hospital, Ottawa 3, Ont.

Nursing Arts Instructor for School of Nursing — 75 student capacity. Apply stating qualifications & salary expected to Supt. of Nurses, Prince Edward Island Hospital, Charlottetown, P.E.I.

PEDIATRIC INSTRUCTOR

Responsible for classroom and clinical instruction in pediatric nursing & co-ordinating maternal & child care program in school where organizational set-up permits stressing of patient-centred care and student-centred learning activities.

For further information apply:

DIRECTOR, SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO.

Clinical Surgical Instructor for 176-bed hospital. 40 student nurses. Salary: $265 per mo. 1 mo. vacation per yr, 9 statutory holidays. 41½ hr. wk., off each week-end. For further information apply Director of Nursing, Providence Hospital, Moose Jaw, Sask.

Instructor for school of nursing — Applications are invited for 138-bed hospital. This school is affiliated with Montreal hospitals, the teaching schools associated with McGill University. For particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Nursing Arts Instructor, $400 & Reg'd. Nurses, $310 per mo. Retirement plan, sick leave benefits. 3 wk. vacation, 11 holidays, 40-hr. wk. New modern residence. State eligibility for California registration. Submit photograph to Director of Nurses, Tulare-Kings Counties Hospital, Springville, California.

Nursing Arts Instructor for School of Nursing, with capacity 195 students, attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working toward degree. Located in "All American City" of 120,000 in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Obstetrical Clinical Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working towards degree. Located in "all American City" of 120,000 in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Registered General Duty Nurses (2) for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $205 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply Matron, Municipal Hospital, Brooks, Alta.

Registered General Duty Nurses (3) for 19-bed hospital in oil town 95 mi. S.W. of Edmonton. Close to Sylvan & Gull Lakes. Daily bus service to Edmonton. Salary: $200 per mo. plus maintenance & laundry. $5.00 raise every 6 mo. for 2 yrs. 44-hr. wk. Apply giving full particulars to the Matron, Municipal Hospital, Rimbey, Alta.

Registered Nurses (2, experienced) for 50-bed hospital. Salary: $185 per mo. plus full maintenance with $5.00 increases every 6 mo. for 2 yrs. For further information apply Matron Municipal Hospital, Wainwright, Alberta.

Registered General Duty Nurses for new 47-bed General Hospital serving district of 10,000 in friendly town in the Cariboo Dist. B.C. Starting salary: $225 per mo. $235 after 6 mo. or B.C. registration 1 mo. vacation, 16 statutory holidays. Transportation allowance. Modern nurses' residence. Board & lodging $50. Apply Administrator, G. R. Baker Memorial Hospital, Quesnel, B.C.

Registered General Duty Nurses for 40-bed General Hospital. Salary: $250-$275 per mo. Annual increments. 40-hr. wk. 4 wk. vacation with pay after 1 yr. 10 statutory holidays. 1½ days sick leave per mo. Apply Sister Superior, St. John Hospital, Vanderhoof, B.C.

Registered Nurses (3) immediately for 36-bed General Hospital in southern Manitoba. Starting salary: $210 per mo. with 3 wk. vacation with pay 1st. yr. employment; 4-wk. vacation thereafter. All statutory holidays. Regular sick leave, 50% Blue Cross payments. Apply Supt. of Nurses, Hospital Dist. No. 24, Box 330, Altona, Manitoba.

REGISTERED NURSES

$2,610-$3,360

CERTIFIED NURSING ASSISTANTS

$2,040-$2,220

SUNNYBROOK HOSPITAL
TORONTO

WESTMINSTER HOSPITAL
LONDON

Application forms, available at your nearest Civil Service Commission Office, National Employment Service & Post Offices, should be forwarded to the

CIVIL SERVICE COMMISSION,
25 ST. CLAIR AVE. E., TORONTO 7, ONTARIO

Registered Nurses for new modern 20-bed hospital. Duties to commence as soon as possible. Salary $200 per mo. plus maintenance. $5.00 increase every 6 mo. to maximum of $220. Good working conditions & living quarters. Holidays after 6 mo. at rate of 2½ days for each mo. of work, maximum 30 days. Apply Memorial Hospital, Deloraine, Man.

Registered Nurses (2). Starting salary: $170 per mo. **Practical Nurse (1).** Starting salary $115. Two raises of $5.00 at 6 mo. intervals Modern 34-bed hospital. Free maintenance. 3 wk. vacation with pay. Good recreation centre & summer resort. Apply Supt., District Hospital, Souris, Man.

Registered Nurses (2) for 42-bed General Hospital. Salary: $210-$230 per mo. Excellent accommodation in residence at $30 per mo. 44-hr. wk. Usual holiday & sick leave benefits. Copy of personnel policy will be mailed upon request. Apply Supt. of Nurses, Bethesda Hospital, Steinbach, Man.

Registered Nurses. Single room residence. $255 per mo. gross. **Central Supply Nurse (1).** 5 day wk. 20 mi. east of Toronto. Apply Supt. Ajax & Pickering General Hospital, Ajax, Ont.

Registered Nurses. Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered General Duty Nurses for new 58-bed hospital situated in North Western Ontario. Opening about Sept. 1, 1956. Salary: $215 per mo. subject to increase after 6-mo. with regular annual increase thereafter. $45 per mo. room & board. 30 days vacation & rail fare refunded after 1 yr. service. New 21-bed nurses' residence, each room having an adjoining bathroom. Apply stating age & when available to Frederick Taylor, Administrator, Dist. General Hospital, Dryden, Ont.

Registered Nurses. Minimum salary: $215 per mo. Maximum salary: $235 per mo. Good personnel policies. Apply Supt., General Hospital, Espanola, Ont.

Registered Nurses for General Duty. Initial salary: $200 per mo.; with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered Nurses for 28-bed hospital, 48 mi. southeast of Montreal. Salary $150 per mo. $5.00 increment every 6 mo. to maximum $165 plus full maintenance. 1 mo. annual vacation with pay, all statutory holidays, 2 wk. sick leave, Blue Cross paid. 8-hr. day, rotating shifts. Wonderful summer resort 8 mi. from Lake St. Francis. T.V. in nurses' residence. Apply Mrs. M. G. Curran, County Hospital, Huntingdon, Que.

Registered Nurses for Supervision & General Duty in 150-bed Tuberculosis Hospital. 31-day annual vacation, 7 statutory holidays, 44-hr. wk. Three $5.00 increments every 6 mo. Residence facilities available. Apply stating age, experience & salary expected to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal, Que.

Reg'd. Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo., additional monthly bonus for permanent evening & night shifts. 44-hr. wk., 8-hr. duty. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

CLINICAL INSTRUCTOR IN PEDIATRIC NURSING

Position vacant in July, 1956 in modern well equipped school. Present enrollment 54 students. Gross minimum salary: $3,302 per yr. 5-day week. 28-days vacation after 1 yr. 9 statutory holidays.

Apply:

PERSONNEL DIRECTOR, GENERAL HOSPITAL, SARNIA, ONTARIO

Registered Nurses (1 or 2) for 24-bed hospital. Salary: $190 per mo. Full maintenance. Usual increases after 6 mo. Holidays, sick leave. Modern nurses' home. Apply Matron, Union Hospital, Vanguard, Saskatchewan.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses. Male & Female. Starting salary: $300 up, plus $10 pm shifts. 40-hr. wk., paid vacation, 10 days sick leave. Social Security, hospital group ins. Apply Mr. Glenn A. Dickau, R.N., Administrator, Memorial Hospital, Corning, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Staff Nurses, immediate appointments, in 511-bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics, or contagion units. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial, and educational friendly activities. Living costs reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio and Pittsburg, Pa. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact: Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Registered Nurses for 284-bed General Hospital with vacancies in most departments including Psychiatry. Opportunity for advancement. Located on the beautiful Corpus Christi Bay in Texas which is a pleasant tropical climate. Positions available for **(1) Supervisors,** salary: $280-$315 per mo. **(2) General Staff,** starting salary: $250-$275 according to experience plus $10 differential for evening or night shifts. Liberal personnel policies, 40-hr. wk. & $50 transportation allowance. Apply Director of Nursing Service, Memorial Hospital, P.O. Box 5008, Corpus Christi, Texas.

General Duty Nurses for Maternity Service in new 100-bed Maternity Hospital. Active case room service with an average of 400 deliveries monthly. Salary scale: $200-$220 per mo. plus meals & laundry with opportunity for promotion. Apply Director of Nursing Service, Alexandra Hospital, Edmonton, Alta.

General Duty Nurses (3) for 31-adult bed hospital. Salary: $195 less $20 perquisites. Increase of $10 after each 6 mo. Full maintenance, separate nurses' residence. 2-wk. vacation plus 2-wk. in lieu of statutory holidays with pay after 1 yr. service. 8-hr. shifts, 48-hr. wk. Apply Matron, Municipal Hospital #19, Vulcan, Alta.

General Duty Nurses for 110-bed General Hospital situated in the beautiful Fraser Valley, 68 mi. from Vancouver. Good bus service. Salary: $230 per mo. Personnel policies in accordance with R.N.A.B.C. agreement. 40-hr. wk. Residence accommodation. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

General Duty Nurses for active 18-bed hospital. 10 mi. from Radium Hot Springs. New modern hospital & separate nurses' residence to be completed July. Salary: $235 per mo. Personnel policies in accordance with R.N.A.B.C. 40-hr. wk. Apply Supt. of Nurses, Bruce Memorial Hospital, Invermere, B.C.

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OPERATING ROOM SUPERVISOR

GRADUATE NURSES FOR GENERAL DUTY

Where? **Jeffery Hale's Hospital**

Why Unique? **Only English speaking hospital & training school in Quebec City**

For information write:

DIRECTOR OF NURSES, JEFFERY HALE'S HOSPITAL, 1250 ST. FOY, QUEBEC, P.Q.

General Duty Nurses. Salary: $230-270, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses (3) for 27-bed Community Hospital by middle of June. Salary: $230 per mo. with annual increments of $5.00 per mo. 40-hr. wk. 28 days vacation after 1 yr. service. All statutory holidays paid. Room, board & laundry $40 per mo. Apply, giving full details, Matron, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Royal Jubilee Hospital, Victoria, B.C. invites applications for **General Duty Nurses** for permanent positions & vacation relief in 500-bed General Hospital. Salary $227.50-$262.50. 5-day, 40-hr. wk. 4-wk. vacation. 10 statutory holidays. Pension plan. Attractive employee benefits. Apply, Director of Nursing.

General Duty Nurses (2) for new 42-bed hospital on sea coast, 25 mi. south of Vancouver. Salary: $220 for non-B.C. Registered. 40-hr. wk., 28 days annual vacation, 10 statutory holidays. Accumulated sick leave. Apply Director of Nursing, White Rock District Hospital, White Rock, B.C.

General Duty Nurses for 30-bed Morris General Hospital & 10-bed Emerson Hospital. Both hospitals located just south of Winnipeg on Highway #75 are new & well equipped. Salary: $220 per mo. $35 per mo. full maintenance including laundering of uniforms. $5.00 extra every 2 wks. of night duty. 4 wk. vacation. All recognized statutory holidays. Sick leave cumulative to 30 days. 50% off Blue Cross premiums. Apply J. G. Friesen, Morris Hospital Dist. #25, Morris, Man.

General Duty Nurse for Surgical Unit handling thoracic & orthopedic surgery. For further information please apply Director of Nursing, Fort William Sanatorium, Fort William, Ont.

General Duty Nurses for well equipped 47-bed hospital. 8-hr. duty, 5½ day wk. Annual vacation with pay, statutory holidays. Full maintenance in new modern residence. For further information apply Supt., General Hospital, Kincardine, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $210 per mo. if registered in Ontario $200 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

General Staff Nurses (immediately) for operating room. Apply Director of Nursing, Civic Hospital, Ottawa 3, Ont.

General Duty Nurses for modern 42-bed hospital. Excellent equipment & facilities. Starting salary: $225 per mo. Annual increments. Good personnel policies. Apply Supt. of Nurses, General Hospital, Sioux Lookout, Ont.

General Duty Nurses (2) for well equipped small hospital for permanent staff or summer relief. Salary: $175 plus full maintenance. 8-hr. duty 5½ day wk. rotating shifts, long week-end following night duty. Blue Cross. Popular summer resort. Apply Supt., Saugeen Memorial Hospital, Southampton, Ont.

GENERAL STAFF NURSES

Required for All Departments in

NEW 300-BED GENERAL HOSPITAL

INITIAL SALARY: $225 PER MONTH, PLUS LAUNDRY

EXCELLENT PERSONNEL POLICIES

For further information apply to

DIRECTOR OF NURSING, SUDBURY MEMORIAL HOSPITAL,
REGENT STREET SOUTH, SUDBURY, ONTARIO

Graduate Nurse interested in the rehabilitation of the handicapped to direct care in ward of 20-wheelchair children. Apply Supt., Home for Incurable Children, 278 Bloor St. E., Toronto, Ont.

General Duty Nurses (4) for modern active 45-bed hospital. Busy town of 2,500. Daily bus to N. Battleford & Saskatoon. Basic salary: $225 per mo. les $30 per mo. for maintenance. 8-hr. rotating shift. Separate nurses' residence. Transportation by bus or rail up to an amount of $50 allowed after 1 yr. service. Apply stating age & experience to Matron, Union Hospital, Meadow Lake, Sask.

General Duty Nurses (3) on or after June 15/56 for new modern 23-bed hospital of one floor construction. Population of town 1,500. 50 mi. from the city of Prince Albert & Saskatoon with excellent train & bus connections. Gross salary: $230 per mo. with 6 increments of $5.00 each 6 mo. less maintenance of $30 per mo. Apply stating qualifications & experience to J. L. Fawcett, Sec.-Man., Union Hospital, Rosthern, Sask.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with School of Nursing. Salary: $288-$341. Shift, special service & educational differentials, $10. 40-hr. wk; 3-wk. vacation; 11 holidays; accumulative sick leave. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

General Duty Nurses for 650-bed teaching hospital in central California. Salary: $288-$337 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Nurses for Florida Tuberculosis Hospital. Rapidly developing program with abundant opportunities for advancement. Beautiful hospital, new & attractive quarters if desired. Salary dependent on qualifications. Liberal retirement & other benefits. 40-hr. wk. Apply Director of Nursing, Southeast Florida Tuberculosis Hospital, P.O. Box 1411, Lantana, Florida.

General Duty Staff Nurses for modern 250-bed hospital. All departments.. Near all New York Universities. 40-hr. wk. Excellent salary, bonus 4-12 & 12-8 shifts, regular increments. Single room in nurses' residence at low rates. Apply Director of Nurses, Lebanon Hospital, Mt. Eden Ave. & Grand Concourse, New York 57, N.Y.

Staff Nurses & Operating Room Scrub Nurses for 225-bed General Hospital on outskirts of New York City. Salary $240-$280; $20 extra for O.R. duty; $30 for permanent evening duty; $25 for permanent night duty. Apply Director of Nursing, St. John's Riverside Hospital, Yonkers, N.Y.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience to Matron, Terrace & District Hospital, Terrace, British Columbia.

Graduate Nurses (General Staff Positions) for General Hospital. Salary: $235.50 per mo. as minimum & $273.75 as maximum, plus shift differential for evening & night duty. 40-hr. wk. Temporary residence accommodation is available. Applicants not registered in B.C. should forward a letter of acceptance of registration in B.C. from the Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply Personnel Dept., Vancouver General Hospital, Vancouver, B.C.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Director in Chief,
Victorian Order of Nurses for Canada,
193 Sparks Street, Ottawa 4, Ont.

Graduate Nurses & Dietician (1) for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: **$200 per mo.** Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation, bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

Graduate Nurses (2) immediately for new fully modern 16-bed hospital. Salary: $230 per mo., $25 deducted for full maintenance. Additional $180 plus 1 mo. vacation after 12 mo. continuous service. New modern nurses' residence. Apply Matron, Union Hospital, Maidstone, Sask.

Operating Room Nurses (2), Registered Nurses & Certified Nursing Assistants for general duty. 44-hr. wk. Statutory holidays. Annual vacation with pay. For further information apply Supt. of Nurses, General Hospital, Cobourg, Ont.

Operating Room Nurse, postgraduate training not essential. All graduate staff. A.N.P.Q. salary scale in effect. 8-hr. day, 5½ day wk. Apply Director of Nursing, Montreal Children's Hospital, Montreal, Que.

Operating Room Nurses, immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Operating Room Nurse for modern air-conditioned, 6-room suite, 230-bed hospital. Starting salary: $300 per mo., automatic increases. 40-hr. wk. Apply Mrs. H. E. Sylvester, Victory Memorial Hospital, Waukegan, Illinois.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. postgraduate course in Tuberculosis. Maintenance & salary as for general staff nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

Supervisor (1), Public Health Staff Nurses (2) for generalized program in city of 43,000. Blue Cross & P.S.I. employer shared. Transferrable accumulative sick leave & pension plans. Workmen's Compensation. Group ins. available. Transportation provided or allowance — 10¢ first 2,000 mi., 8¢ per mi. thereafter. 5-day wk. 1 mo. vacation with extra time at Christmas. Salary scales: (1) Supervisors, $3,600-$4,400 with annual increment of $200. (2) Field Nurses, $3,000 for inexperienced nurses to start with annual increments of $150. All starting salaries dependent on experience. For further information please write supplying details of training & experience to Medical Officer of Health, City Hall, Peterborough, Ont.

Public Health Nurse (1) fully qualified with some experience. Duties to commence July 1, 1956. Salary & conditions as recommended by R.N.A.O. Apply B.C. Falby, Sec., Board of Health, Box 9, Ajax, Ont.

Public Health Nurses for generalized program in rural-suburban Health Unit near Toronto. Minimum salary: $3,000. Pension plan. For full details apply Supervisor, Peel County Health Unit, Court House, Brampton, Ont.

INSTRUCTOR

Required before Sept. 1st, 1956

Prerequisite 1-year course in Nursing Education

Allowance made for degree if experienced. Student enrollment approximately 75. 1 class per year enters in September. Teaching staff of Director of Nursing Education & 4 Instructors. New school & residence to be ready for occupancy in 1957. Guelph is a pleasant city of 38,000. 3 Colleges. Good salary & personnel policies.

For further information apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurse for Town of Deep River. Salary: $3,005 to $3,395 depending on qualifications. Pension, medical & vacation plans. Living accommodation in staff hotel. State all particulars including age, marital status, education & experience in first letter to "File 2A", Atomic Energy of Can. Ltd., Chalk River, Ontario.

Public Health Nurses (qualified) for generalized program. Salary $2,700 to $3,200 depending on experience. Annual increment $100. 5-day wk. Pension plan. Blue Cross & P.S.I. available. Car provided or car allowance. Apply Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

Public Health Nurses — Generalized program. Minimum salary: $2,800 with allowance for experience & annual increments. Generous provision for transportation. For further details write Dr. R. M. Aldis, Director Huron County Health Unit, Goderich, Ont.

Public Health Nurses (qualified) for generalized health service program. 5-day wk. 1 mo. vacation. Pension plan. Medical & surgical Blue Cross. Apply Dr. A. F. Bull, Medical Officer of Health, Drawer 307, Milton, Ont.

Public Health Nurses for generalized program, bedside nursing included. Rural area. Blue Cross & group ins. available. Good transportation policy. 4-wk. vacation after 1 yr., statutory holidays. Apply Dr. J. I. Jeffs, Lennox & Addington County Health Unit, Napanee, Ont.

Public Health Nurse (1) for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit, Newmarket, Ont.

Public Health Nurses (qualified) for generalized program in urban area. Starting salary: $2,900-$3,200 depending on experience. Annual increment $150. Transportation provided. 5-day wk. Pension Plan. Hospitalization & sickness insurance available. Apply A. F. Mackay, Board of Health, City of Oshawa, Ont.

Public Health Instructor (1). Pediatric Instructor (1) for 50-student School of Nursing. 1 class per yr. Personnel policies based on R.N.A.O. recommendations. For full details apply Director of Nursing, General Hospital, Port Arthur, Ont.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative.) Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

GENERAL STAFF NURSES

for

200-bed hospital

Pleasant city of 38,000. Three colleges.

Good salary and personnel policy.

For further information apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO

Registered Laboratory Technician (Immediately) for 56-bed hospital with knowledge of X-Ray preferably. Pleasant working conditions. Apply Mrs. A. Kerby, R.N., Supt., Municipal Hospital Dist. #20, Stettler, Alta.

Assistant Office Nurse for Wainwright Clinic. Please state qualifications & salary expected. Apply Wainwright Clinic, Wainwright, Alberta.

Matron & Graduate Nurses (2) for new model 7-bed hospital in South Central Saskatchewan. Salaries: $260 & $225 with $5.00 increment every 6 mo. $30 maintenance per mo. 3 wk. vacation & statutory holidays. Uniforms laundered free. Sick leave. Apply Matron, Union Hospital, Rockglen, Sask.

Registered General Duty Nurse for new modern hospital close to city of Saskatoon. Gross salary: $230, perquisites $30 per mo. with $5.00 increment every 6 mo. 8-hr. day. 1 mo. holiday with pay after 1 yr. service. Apply Matron, Union Hospital, Eston, Sask.

Public Health Nurses (Qualified) for generalized Public Health Nursing Service. Salary range: $3,186-$3,618. Starting salary based on experience. Annual increments. 5-day wk. Vacation. Sick pay & pension plan benefits. Apply Personnel Dept., Room #320, City Hall, Toronto, Ont.

SAGUENAY GENERAL HOSPITAL

ARVIDA, QUEBEC

requires

General Duty Nurses registered in Province of Quebec.

and

OPERATING ROOM SUPERVISOR

Previous experience in operating room supervision essential. Starting salary commensurate with qualifications & experience. Regular employment. Very favorable working & living conditions. Room, board & laundering of uniforms provided.

For further information please write stating qualifications & experience to:

ALUMINUM CO. OF CANADA, LTD.,
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Operating Room Nurses. Good salary with credit given for experience or P.G. courses. 40-hr. wk. Liberal personnel policies. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Nursing Arts Instructor for progressive School of Nursing. Student enrollment 65. Liberal personnel policies. Apply Director of Nursing, General Hospital, Belleville, Ontario.

Registered Nurses (2). Duties to commence as soon as possible. For further information apply O. M. Nicholson, Secretary, Municipal Hospital, Fairview, Alta.

Public Health Nurses. Duties to commence between June & Sept. 1956. Salary: $2,796-$3,396. 5-day wk. 1 mo. vacation. Pension plan. Apply Dr. W. H. Hill, M.O.H., Dept. of Health, Calgary, Alta.

Registered General Staff Nurses (5) for 75-bed General Hospital. Starting salary: $245. Increases every 6 mo. Full maintenance $30. 44-hr. wk. Apply Supt., St. Thérèse Hospital, Tisdale, Sask.

Supervisor Public Health Nursing—Well established generalized program. Basic staff of 8 nurses. Car allowance. Retirement contributions & other fringe benefits. Apply Dr. R. M. Aldis, Director, Huron County Health Unit, Goderich, Ont.

GENERAL HOSPITAL

ST. JOHN'S, NEWFOUNDLAND

OPERATING ROOM SUPERVISOR

Applications are invited from Registered Nurses with previous experience in operating room supervision. Salary open. Good personnel policies.

Transportation paid by hospital.

Apply with full details to:

DR. E. WILSON, SUPERINTENDENT

Instructor for student affiliation program in 165-bed Sanatorium. Apply Supt., Niagara Peninsula Sanatorium, St. Catharines, Ontario.

Registered Nurses for psychiatry. Student affiliation or postgraduate work preferred. For information write Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for new 65-bed hospital. 25 mi. north of Winnipeg. Hourly bus service. Salary: $195-215. $10 differential for evening & night duty. Accommodation available in new residence with T.V. Usual personnel policies. Apply Supt. General Hospital, Selkirk, Manitoba.

Public Health Nurses, Generalized Program. Minimum salary: $2,840. Allowance for experience & annual increments. 5-day wk. 4-wk. vacation after 1 yr. Pension plan, Blue Cross & Windsor Medical Services available. For further details apply W. H. Johnston, M.D., Medical Officer of Health, City Hall, Chatham, Ontario.

Public Health Nurse (Qualified) for Haldimand County, School Health Service. University certificate in Public Health Nursing required. State qualifications, experience & salary expected. Apply E. B. McPherson, Lowbanks, Ont., telephone, Wainfleet 104 R-3.

Registered Laboratory Technician for 35-bed hospital. State qualifications. Apply Supt. of Nurses, Memorial Hospital, Mission City, British Columbia.

Nurse Secretary or Stenographer with partial nurse's training required in August for position as secretary in Montreal doctor's office. An alert person, able & willing to take responsibility. Will find this pleasant, interesting & well-paid work. Reply giving qualifications to Box G, The Canadian Nurse Journal, 1522 Sherbrooke St., W., Montreal 25, Que.

Superintendent of Nurses for 30-bed General Hospital. Salary: $300 per mo. rising to $330 per mo. State previous experience. Residence accommodation. Apply Administrator, General Hospital, Ladysmith, B.C.

Assistant Evening & Night Supervisor for 115-bed hospital with school of nursing. Moving to new hospital at end of year. Apply Director of Nursing, Children's Hospital, Winnipeg, Man.

Science Instructor for August 1st. 1 class yearly, approx. 25 students. Apply Director of Nursing, Children's Hospital, Winnipeg, Man.

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Applications are invited for the position of Director of Nursing & Principal of School of Nursing. Good salary & personnel policies. Please furnish particulars of qualifications, experience & age.

For further information write to:

GENERAL SUPERINTENDENT, CITY HOSPITAL,
SASKATOON, SASKATCHEWAN.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss E. Bietsch, Gen. Hosp., Medicine Hat; Past Pres., Miss H. Penhale, University of Alta., Edmonton; Vice-Pres., Sr. M. Laramee, Miss E. Shaw. *Councillor,* Sr. C. Leclerc, Holy Cross Hosp., Calgary. *Committees: Nursing, Institutional,* Miss M. Street, Gen. Hosp., Calgary; *Private Duty,* Miss N. Benson, 12427-92nd St., Edmonton; *Public Health,* Miss L. Wright, 1208-15th Ave. W., Calgary; *Nursing Education,* Miss G. M. Hall, Gen. Hosp., Calgary; **Registrar, Mrs. Clara Van Dusen, Ste. 5, 10129 - 102nd St., Edmonton.**

Ponoka District 2

Pres. Mrs. E. Coombs; Vice-Pres., Mrs. L. Clapp; Sec.-Treas., Miss E. Cook, Prov. Mental Hosp., Ponoka. *Rep.* to: *The Cdn. Nurse,* Miss E. Baker.

Calgary District 3

Pres., Miss A. Fallis; Vice-Pres., Mrs. G. Duthie; Sec., Miss J. Cummins, 1228 Kensington Rd.; Treas., Mrs. N. Mellan, 1806-1st St. E. *Committees: Program,* Misses E. Heaver, L. Bibby; *Refreshments,* Mrs. F. Quaife, Miss M. Hough; *Nursing, Institutional,* Miss M. Brown; *Public Health,* Miss F. Moore; *Private,* Mrs. A. Stewart; *Rep.* to *The Cdn. Nurse,* Sr. Desmarais, Holy Cross Hospital.

Medicine Hat District 4

Pres., Mrs. I. Renner; Vice-Pres., Mrs. L. Batter, Miss M. Vasselia; Treas., Mrs. R. Falkins; Sec. Miss J. Buck, 862-B, 3rd St. S. E.

Red Deer District 6

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Edmonton District 7

Chairman, Miss R. Ball; Vice-Chairmen, Misses D. Watson, I. Reesor; Sec., Miss E. Farquharson, 11215-100th Ave.; Treas., Miss I. Chaffin, 11255-79th Ave. *Committee: Program,* Miss B. Lea; *Reps.* to: *Local Council of Women,* Miss M. Fraser; *Council of Community Services,* Miss I. Johnson; *The Cdn. Nurse,* Miss Watson.

Lethbridge District 8

Pres., Miss J. Monteith; Past Pres., Sr. Beatrice; Vice-Pres., Misses J. Howitt, B. Hoyt; Sec., Mrs. D. Wold, 1710-5th Ave. S.; Treas., Mrs. K. Montgomery, 951-12th St. B.S. *Committee: Program,* Miss C. Tennant; *Rep.* to *Press & The Cdn. Nurse,* Mrs. E. Michael.

BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

Pres., Miss A. Creasor; Vice-Pres., Miss E. Rossiter, Sr. Anne of the Sacred Heart; Hon. Sec., Miss H. King; Hon. Treas., Miss H. Mussallem. *Committees: Public Health Nursing,* Miss R. Morrison; *Institutional Nursing,* Miss C. Sinclair: *Private Duty Nursing,* Mrs. Anna K. Damon; Dir., Personnel Services, Miss Evelyn E. Hood, 2524 Cypress St., Van.; **Exec. Sec. & Registrar, Miss Alice L. Wright, 2524 Cypress St., Vancouver 9.**

Fraser Valley District

New Westminster Chapter

Pres., Miss B. Smith; Vice-Pres., Miss L. Chaussé; Rec. Sec., Miss D. Thompson; Corr. Sec., Miss B. Carter, 443 E. Columbia St.; Treas., Mrs. K. Josey, 457 Karrman Ave.

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Cranbrook Chapter

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The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec Incorporated February 14, 1920.

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Saskatchewan Registered Nurses' Association (Incorporated 1917)

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MANITOBA

St. Boniface Hospital

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Children's Hospital, Winnipeg

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Grace Hospital, Winnipeg

Pres., Mrs. N. Hodgkins; Past Pres., Mrs. R. Diehl; Vice-Pres., Mrs. B. Deacon; Sec., Mrs. H. Percy, 593 Rathgar Ave., Wpg. 13; Treas. Miss O. Mathews, 8 Millicent Apts., Wpg. 10. *Committees: Publicity,* Miss J. Brand; *Ways & Means,* Mrs. B. Orton, Capt. G. McGregor; *Lecturer,* Mrs. K. Runner.

Misericordia Hospital, Winnipeg

Hon. Pres., Sr. St. Odilon, Miss G. Thompson; Pres., Mrs. R. (Steiner) Smith; Vice-Pres., Mrs. E. (Frith) Mather; Rec. Sec., Miss A. McGill; Corr. Sec., Miss P. Kovacs, 538 Montrose Ave., East Kildonan; Treas., Miss B. Green. *Committees: Archivist,* Miss M. Lang; *Visiting,* Mrs. N. (Shaw)

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Winnipeg General Hospital

Hon. Pres., Mrs. J. Morrison; Pres., Miss J. Whiteford; Past Pres., Mrs. J. E. Wilson; Vice-Pres., Mmes G. Kent, J. M. Ridge, W. J. McKeag; Rec. Sec., Miss E. Henderson; Corr. Sec., Mrs. G. Maclean; Treas., Miss A. Foster, 30 Emily St. *Committees: Program,* Miss J. DeBrincat; *Membership,* Mrs. H. Daniels; *Sick Visiting,* Miss A. Howard; *Journal,* Mmes A. Hughes, G. Beatson, Miss R. Pold; *Scholarship,* Miss M. Hart; *Chapter Correspondent,* Miss J. Kerr. *Reps.* to: *School of Nursing,* Mrs. J. Wilson; *Local Council of Women,* Mrs. R. Emmett; *Welfare Council,* Mrs. H. Johnston; *The Cdn. Nurse,* Mrs. W. Allison.

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St. John's General Hospital

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Halifax Children's Hospital

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Halifax Infirmary

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Victoria General Hospital, Halifax

Pres., Miss L. Hiltz; Vice-Pres., Miss G. Flick; Mrs. E. Bain; Sec., Mrs. F. MacLeod; Treas., Mrs. L. Bell. *Committees: Entertainment,* Miss E. Haliburton; *Membership,* Mrs. L. MacRae; *Visiting,* Mrs. G. Freeman, Miss M. Ripley; *Maritime Medical Care,* Mrs. C. Hodgeson; *Archivist,* Miss Ripley. *Board of Directors,* Miss P. MacIsaac, Mmes J. Cameron, V. Gormley; *Rep.* to *Blue Cross,* Miss C. MacLean.

Aberdeen Hospital, New Glasgow

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City Hospital, Sydney

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ONTARIO

Belleville General Hospital

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Brantford General Hospital

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Brockville General Hospital

Hon. Pres., Misses Shannette, White; Pres., Mrs. H. Greene; Vice-Pres., Mmes H. Webster, M. Derry; Sec., Mrs. F. Reynolds, 16 Georgina St.; Treas., Mrs. W. Stewart, 17 Ford St. *Committees: Membership,* Miss E. Thorpe; *Visiting & Gift,* Miss V. Kendrick; *Social,* Mmes F. Lovesey, J. Buell, *Property,* Mmes J. Drummond, N. Bell.

Ontario Hospital, Brockville

Hon. Pres., Mrs. E. M. Orr; Pres., Mrs. M. Reilly; Sec., Mrs. J. Gaffney; Treas., Mrs. M. Companion, 66 William St.; *Rep.* to *Press,* Miss A. Dodds.

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Guelph General Hospital

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Ontario Hospital, Hamilton

Hon. Pres., Miss K. E. Turney; Pres., Mrs. A. A. Kroeker; Vice-Pres., Mrs. M. Sutherland; Sec., Mrs. M. A. McNamara; Treas., Miss E. Orr, O.H. *Committees: Social,* Miss L. Angle, Mrs. A. Smith; *Sick,* Mrs. M. Sutherland.

St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Grace; Hon. Vice-Pres., Sr. M. Bonaventure; Pres., Miss A. McPhail, 11 Head St.; Vice-Pres., Misses D. Battersby, V. Jennings; Rec. Sec., Miss V. Emery; Corr. Sec., Mrs. M. York; Treas., Mrs. W. Rankin; *Advisory Board,* Misses M. Donavan, E. Quinn, Mmes D. Markle, L. Hudecki. *Reps.* to: R.N.A.O., Miss D. Richardson; *The Cdn. Nurse,* Mrs. M. Langballe.

Kingston General Hospital

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Kitchener-Waterloo Hospital, Kitchener

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St. Mary's Hospital, Kitchener

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Ontario Hospital, London

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St. Joseph's Hospital, London

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Victoria Hospital, London

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Soldiers' Memorial Hospital, Orillia

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Ottawa General Hospital

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St. Luke's Hospital, Ottawa

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Pembroke General Hospital
Lorrain School of Nursing

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St. Joseph's Hospital, Port Arthur

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St. Catharines General Hospital
Mack Training School

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St. Thomas Memorial Hospital

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Sarnia General Hospital

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Stratford General Hospital

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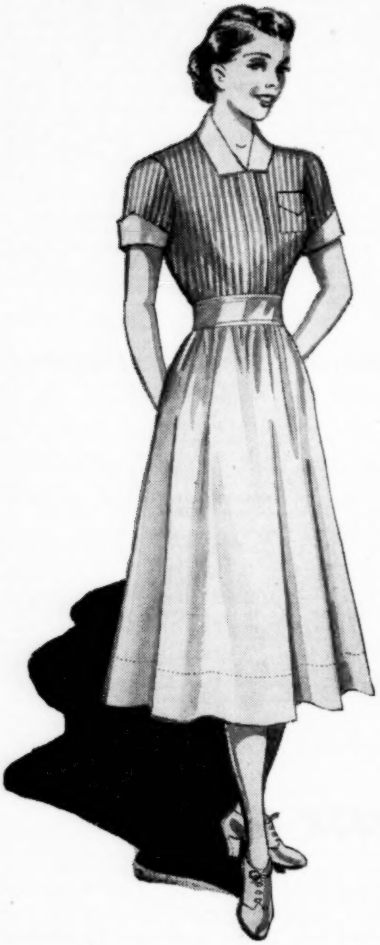

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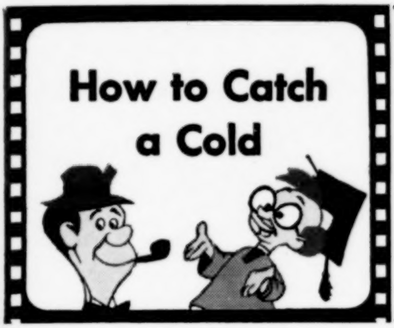
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